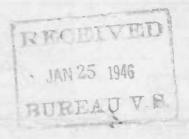
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1610 CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Maryland county Washington
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town. Hagerstown Rural R D 5 (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Fiddlersburg, Dist.
Washington County Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
William Leroy Albri	ght None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	
	20. DATE OF DEATH. FIELD 21- 19.46, at 2/ M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 21- 1946, 10 Jan 21 1946
7. Birth date of January 27 1046	and that last saw halive on
7. Birth date of deceased (mo., day, yr.) January 21, 1946	Immediate cause of death
8. AGE: Years Months Days If less than one day	lumediate cause of death
Stillborn 2 min.	
	Responser in Birth Caval
9. Birthplace Hagerstown - Wash. Co., Md.	Due to Curation of the Contract of the Contrac
None	
1D. Usual occupation	Due to
11. Industry or business	
William Albright 12. Name William Albright 13. Birthplace Wash. Co., Md.	Differ conditions
₹ 13. Birthplace Wash. Co., Md.	
Bettie Repp 14. Maiden name Bettie Repp 15. Birthplace Wash. Co., Md.	(Include pregnancy within 3 months of death)
15. Birtholace Wash. Co., Md.	Major findings of operations.
	Date of op.
16. Informant William Albright	Autopsy results
Address Hagerstown, Md. R D 5	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Pumiol T OR 104	22. VIOLENCE: It death was due to external causes, fill in the following:
17. Burial Date thereof Jan 29 194 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematoryRose Hill Cemetery	Where did Injury occur?
Location Hagerstown, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Fred W. Kraiss	Meens of Injury Injured at Work?
TT-	all holself y
Address Hagerstown, Md	23. SIGNATURE ARRAY WILLIAM MARKET MA
10 Aan 23 10 46 Souset Bourn	M. D. or other
19 fan 23 19 4 6 Most House	Address Tagentoun Man I Date signed 1/2 3/96.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31

CERTIFICATE OF DEATH

00936

1. PLACE OF DE		ingtor			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Wash	Tre ell	and		State Maryland County Washington		
City or town	outside city or town l	imits, write R	and URAL and give nearest to	own)	Manleville Maryland		
How long in above plac	e of death?	6 year	rs	***************************************	City or town Mapleville, Maryland (If outside city or town limits, write RURAL and give nearest town)		e nearest town)
Hospital, institution, o	on Count	death occurred	ital		Street No. San Mar Ho		
wasningo	on count	y most) T 004 T			al, give LOCATION)	
How long in hospital o	or institution? 7	aays	***************************************	************	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM	E	···				3. (b) Social Secu	rity Number
	Clara	A. Be	ldwin				
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorce	ed	MEDICA	L CERTIFICATION	
Female	White	Wi	dow		20. DATE OF DEATH James		4.4
6 (h) Name of huckand	Char	les A.	Baldwin		21. I CERTIFY that death occurred on the d	date above stated; that Lattended	deceased from
				*************	Dec 27"	19 4 st to Jan	6" 1946
7. Birth date of) If alive, give age	years	and that I last saw h		19.46
deceased (mo., day.			, 1860		Immediate cause of death		DURATION
8. AGE: Year	Months 4	Days	If less than one day		Charice	mysesolite	i I Sans
C	00 4		hrs	min.	,	T	T T
9. Birthplace Mar	leville,	Wash.	Co. Md.		Due to	······································	•••••
			Hursing H	ome			
		indida		V.111.V	Due to		
11. Industry or busines		lie han	77			***************************************	
별 12. Name 고등	aniel P. Maplevill	Falling	- X		Other conditions		*******
₹ 13. Birthplace	Maplevill	e, Mai	ryland		(Include pregnancy wit		
14. Maiden name	Susan Mi	ddleka	auff				
TO AF Bletheles	Washingt	on Co	intv. Md.		Major findings of operations		
~1 15. Birinpiace	To Take	10 701-	auff unty, Md. illips			Date of op	
					Antopsy results		
Address	Baltimore	, Mar;	yland		PHYSICIAN: Please underline the cause		rged statistically.
17 Burial		Data there	0f. 1-8-46 (month) (day) (22. VIOLENCE: If death was due to exter		
(Burial, cremation	n, or removal. Which?	ישוני ווופופ	(month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or cremat	Rose Hi	TT CG	He rer. A		Where did injury occur?(City or t	town) (County)	(State)
Location Has	rerstown,	Mary.	land		Injured at home, farm, Industry, public pl		
18. Funeral director	C. M. St	ter &	Sons		Means of injury	injured at work?	
Address Has	gerstown,	Mary	land		6/1	121	1
Λ	7 1946	24	usft. Bow	Registrar	23. SIGNATURE TO LANGE	Ind Date sig	D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4720 1

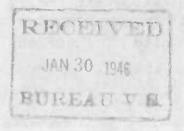
CERTIFICATE OF DEATH

		CERTIFICA	TE OF DEATH	Reg. Dist. No	29=
County			State Maryland County	other) , Washingto	on
(If outside city or town limits, write RURAL and give nearest town) Now long in above place of death?			City or town Rural Hagers	Stown write RURAL and give ner	arest town)
Hospital, instilution, or	street address where		Hagerstown Route 3		
How long in hospital or	Institution?		2.(a) If veteran, name war		
3. (a) FULL NAMI	Eli	zabeth Eberly Bende	er	3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CER	RTIFICATION	
Female	White	Married	2D. DATE DF DEATH Jan. 26, 19	946 19	., at
6.(b) Name of husband	or wife Jame	s H. Bender	21. I CERTIFY that death occurred on the date above September 19, 1945	stated; that I attended deces	ased from 1946
7. Birth date of deceased (mo., day, y	T 1	2, 1886	and that I last saw her alive on Jenu	uary 23, 1946	19
8. AGE: Years 59	Months	Days It less than one day 24mi	Immediate cause of death Carcinoma (Pulmonary	у)	
9. Birthplace	(Town,	Lowa county, and state) Wife	Due to. Carcinoma of breast	b	1944
11. Industry or business		Thoules			
12. Name	Penna.	• Eberly			1944
E		SSOW	(Include pregnancy within 3 mo		
14. Maiden name	Penna.	5.5.U.N	Major findings of operations		
		H. Bender			
		, Route 3	PHYSICIAN: Please underline the cause to which		
Address Ha			Accident, suicide, or homicide		
		nd Cemetery	11-	(County)	(State)
		rg , Pa.			
		ur	Means of injury	Injured at work?	
	mbersbur		BASI	a le	mi
19. Jan.	18 1946	flast Bows	23. SIGNATURE Address 148 W. Washington S		or other 1/28/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



CERTIFICATE OF DEATH

		185	
Reg.	Dist.	No. by 2	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Tragers Cours And:	State Lenna County Franklin		
(If outside city or town limits, write RURAL and give nearest town)	City or lown Mercersling Pa		
How long in above place of teath?	(If outside city or town limits, write PURAL and give nearest town)		
Mashington Court Hashital	Street No.		
How long in hospital or distitution? L. Lagis	(If rural, give LOCATION) 2.(a) th veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
mrs alice Susan Bigham	noug		
4. Sex 5. Color or race 6.(a)Single, married, widowed or divorced	MEDICAL CERTIFICATION		
Tomale White Madore	20. DATE OF DEATH 1-26 19 46 of 4 au M		
S.(b) Name of husband or wife	21. I CERTIFY that death-occurred on the date above stated; that I attended deceased from		
	1/11/46 110 10 1/26/116		
7. Birth date of deceased (mo., day, yr.) OCT, /0 - /865	and that I last saw h. er alive on		
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Causes his cavoline tailers Mukurun		
80 3 16min.	January Musican		
9.40 000	Asto ingel, who Weat The case 11 11		
9. Birthplace. (Townscounty, and atste)	Due to		
10. Usual occupation trouse work			
11. Industry or business	Due to		
	Other conditions		
E 12. Name Lescah Kriig E 13. Birtholage M.A.			
	(Include pregnancy within 8 months of death)		
14. Maiden name Barlara Retsel	Major findings of aperations.		
E 15. Birthplace	Date of op.		
18. Informant his tohis MC tradden	Autopsy results.		
Address Mercerslung to	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Berial Bate thereof 29- 46	22. VIOLENCE: It death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?)	Accident, suleide, or homicide		
Cemetery or crematory Lettershard and	Where did injury occur?		
Location	injured at home, tarm, industry, public place (where?)		
18. Funeral director Thickeninger	Means of injury Injured at work?		
Address Mercurs brune, 9.	1 mul 1 M TI		
All Alenter	23. SIGNATURE Shu It Hoon dalue the D. M. D. or other		
Date rec'd by registrar)	Address 1 54 M. Washing tou de M. D. or other		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

BELAND SO THE PRASES STATE ON ICHAR RIVERY IND 121 29 1946 BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	105. 2180. 110.
1. PLACE OF DEATH: County Washington County. City or town Williamsport, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 42 yrs Hospital, institution, or street address where death occurred: 233 N. Conocoheague St How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Washington City or town. W.1.1.1. Lams bort, Ma. (If outside city or town limits, write RURAL and give nearest town) Street No. 233. N. Conococheague St. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
George Washington Blower	215-019-910
George Washington Bloyer 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 73 19.44 21.54 M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 6 and that I last saw h. Accordance on the date above stated; that I attended deceased from 19. 4 6 19. 4 6 DURATION
8. AGE: Years Months Days If less than one day	1. 7/ Mel ag and all the Change 2 fleans
69 6 12hrsmin,	2 Carrage Declinici I have
9. BirthplaceFairview Maryland (Town, county, and state) 10. Usual occupation	Oue to
12. Name John Thomas Bloyer 13. Birthplace Fairview Md.	Other conditions
13. Birthplace Fairview Md.	
質 14 Molden some Sarah Sword	(Include pregnancy within 8 months of death)
14. Malden name Sarah Sword 15. Birthplace Fairview Md.	Major findings of operations
E 15. Birthplace	Date of op.
16. Informant Clara Renner Bloyer Address Will lamsport, Ma	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Cate thereof Jan 25 1946 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Breadfording Cemetery	Where did injury occur?
Near Hagerstown Md.	Injured at home, farm, Industry, public place (where?)
Location Edith V Leaf	Meens of Injury injured at work?
	(Jah/2)
M. C F (10.06)	23. SIGNATURE M. D. or other
19. 1-2 1- 19. 46 Also Registrar)	Address Declaration MR. Date signed 1/24/46.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 526

00940

			CERTIFICA	TE OF DEATH	Reg. Diat. No.	5 00
City or town	Washi ar Sprir ueside city or town I of death?	John	Henry Bloyer	State Maryland county Washington City or town Clear Spring and City or town limits, write RURAL and give nearest town Cumberland Street		
4. Sex Male	5. Color or race White		e, married, widowed, or divorced Married	MEDICAL 20. DATE OF DEATH January	CERTIFICATION 22, 1946 19	
	Sent		oyeryear: c) If alive, give ageyear: 1881	21. I CERTIFY that death occurred on the date	1973 to fens	6 19
8. AGE: Years 64	Months 4	Days 15	If less than one dayhrsmin.			
10. Usual occupation 11. Industry or business 12. Name	Farm	er over	Md.	Due to		
14. Maiden name		Wish	ard	(Include pregnancy withi		
Address C: 17. Buria (Burial, cremation,	lear Spr	ing,	eol Jan 24 194 (month) (day) (year)		al causes, fill in the following;	
Location	ear Spri	ng, M owlan	d. Rural d. Funeral Home	Where did injury occur?		
	4 19 4 C		all w Muce	23. SIGNATURE		D, or other

VS A15

JAN 26 1916 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-8

00941

CERTIFICATE OF DEATH

Reg. Diat. No. 30 2

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 313½ Liberty Street (If rural, give LOCATION)		
City or town Hagerstown Maryland (If ontside city or town limits, write RURAL and give nearest town)			
How long in above place of death?			
How long in hospital or institution?	2.(a) If veleran, name war		
3.(a) FULL NAME William Denton Boward	3. (b) Social Security 2 1 4 - 5	1 4 4	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Widower	20. DATE OF DEATH 25	about 9A	
6.(b) Name of husband or wife Mary F. Ridenour Boward	21. I CERTIFY that death occurred on the date above stated; that I attended deco		
7. Birth date of Docombon 39 7084	and that I last saw halive on		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION	
71 1 14hrsmin.	Chr/ Myocarditis	3yrs	
9. Birthplace (Town, county, and state)	Due to. Fitral stenosis	-5-yr	
10. Usual occupation. Retired Silk Weaver		*************************	
11. Industry or business	Due to	• • • • • • • • • • • • • • • • • • • •	
E 12. Name Denton Boward	Dither conditions		
13. Birthplace Hagerstown, Maryland	Billio Soliditions		
Laura E. Ridenour	(Include pregnancy within 3 months of death)		
E 15. Sirthelace Hagerstown. Maryland	Major findings of operations		
Laura E. Ridenour 14. Malden name. Laura E. Ridenour 15. 8Irthplace Hagerstown, Maryland 16. Informant. Mrs. Morris Guider	Autopsy results. No		
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Ruriol	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) Rose Hill Cemetery Cemetery or crematory.	Where did injury occur?	(State)	
Location Hagerstown, Maryland	Injured at home, farm, Industry, public place (where?)	•••••	
18. Funeral director. C. M. Suter & Sons	Means of Injury Injured at work?		
Address Hagerstown, Maryland	S. D.S1/19 COMPUTY WE	DICAL EXAM	
18. Jan. 29 1846 Chart Bowers	23. SIGNATURE WASHOD.	CP 10 NO	

RECKIVED

JAN 31 1946

BUREAT V 8

MADVIAND	CTATE	DEPARTMENT	OF	TITLA TOTAL
MAKILAND	SIAIL	DEPARTMENT	Ur	HEALIF

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. Maryland Avenue (If rurai, give LOCATION) 2.(a) If veteran, name war.		
Joseph William Breichner	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Widower B.(b) Name of husband or wife Agnes F. Breichner	MEDICAL CERTIFICATION 2D. DATE DF DEATH		
7. Birth date of deceased (mo., day, yr.) September 29, 1872	and that I last saw h(Y)alive on		
8. AGE: Years Months Days If less than one day 75 5 7hrshrs.	Bronchopneumonia Luk		
9. Birthplace Falling Waters, W. Va. (Town, county, and state) Retired Barber 11. Industry or business 12. Name Clement T. Breichner 13. Birthplace Falling Waters, W. Va.	Due to Brossic Simusitio 9 yrs + Other conditions		
13. Birthplace Falling Waters, W. Va. 14. Malden name Julianna K. Tressler 15. Birthplace Bonneysville, Pa. 16. Informant Phillip Breichner	(Incindo pregnancy within 8 months of death) Major findings of operations. Date of op.		
Address Hagerstown, Marland 17. Burial (Burial, cremation, or remival. (hich?) Cemetery or crematory Location Martinsburg, W. Va. 18. Funeral director. C. M. Suter & Sons Address Hagerstown, Maryland 19. (Bate rec'd by registrar) (Bate rec'd by registrar)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		

RECEIVED

JAN 8 1946

BUREAU V S.

RECEIVED

REAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

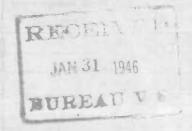
2411 N. Charles St., Baltimore 380

Dr. Ditto

CERTIFICATE OF DEATH

Date signed

	Keg. Diat. 110.
1. PLACE OF DEATH: county Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give realdence of mother)
THE RESERVE OF THE PROPERTY OF	State Maryland County Washington
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. Boonsboro R. F. D. # I (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	-Sired No. Tilghmanton
Wash. Co. Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Cecil Archie Brown	214 - 09- 4156
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE OF DEATH
6.(b) Name of husband or wife Thelma	21. I CERTIFY that death occurred on the date above stated; that Latlended deceased from
6.(c) If alive, give age 32 year	Jan 26 1946 to Jan 26 - 4156
7. Sirth date of	and thet (last saw have alive on 19
deceased (mo., day, yr.) Ma, roh 9 1910 8. AGE: Years Months Days If less than one day	Immediate cause of death
b. Adu.	g gf
35 IO I7hrsmin.	- Juflinenge
9. Birthplace. Lantz Fredrick Co. Md.	Due to.
Dia 2 Tool Moleon	/ Surgery
10. Usual occupation Die & Tool Maker	Due to Tak laft + st
11. Industry or business Fairchild Aircraft	
E 12. Name Keller J. Brown 13. Birthplace Lantz Md.	Other conditions
3 13. Birthplace Lantz Md.	
14. Maiden name Leoma M. Pryor 15. Birthplace Wol fesville Md.	(Include pregnancy within 3 months of denth)
E I I Male Male Male Male Male Male Male Male	Major findings of operations.
	- Date of op.
16. InformantMrs. Thelma Brown	Antopsy results
Address Hagerstown Md.	
17Burial Date thereof I/30/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Rest Haven Cemetery	Where did injury occur?
Location Hagerstown Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman	Meens of Injury Injured at work?
Address Hagerstown Md.	9118.15
ban, 29. Wh Clast Bowers!	23, SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed /2/46



4

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00,944

3. (b) Social Security Number

2. USUAL RESIDENCE (HOME) OF DECEASED:
State Merestand County Oshinglan
Cily or town (Li outside/city of town limits, write RURAL and give nearest town)
Street No. 25 Harmons alley
(If rural, give LOCATION)
2.(a) If veteran, name war

(If outside city or tow	on timity, waite RURAL and give nearest town)
How long in above place of death?	feline
Hospital, Institution, or street Address who	ergeloath occurred
Washing	excellent occurrence Carnety Nospo.
How long in hospital or institution?	One day
3. (a) FULL NAME	2:00
6 Ka	rled Burns
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced
male, negr	o Single
6.(b) Name of husband or wife	
T. Birth date of	l 27, 1913
	1-1
8. AGE: Years Months	Days If less than one day
32, 7	brsmin.
9. Birthplace Hagerst	auri, Wash. Md.
9. Birthplace (Tov	wn, county, and state)
10. Usual occupation Value	as selve
10, vousi vouspution	-
11. Industry or business	Lown, W. Va.
	Burn
12. Name	
2 13. Birthplace	D. 1
H 14. Maiden name Low	ise Pulpis liansport, md.
E 15. Birthplace , UN	liansport, md.
16. Interment Bearge	Buhna
Address 25 Harr	
Burial (Burial, cremation, or removal White	ch?) Date thereof (month) (day) (year)
Cemetery or crematory	se till Cemeteres
cemetery of crematory	1 - 1 50 1
LUGGIUII	loww ma
2 William	n & Dewney
18. Funeral director.	
Address 99/Heredu	of It Hagerstown
	6 Chastizowers
Date rec'd by registrar)	Registrar

Vachenston

	212-14-7	804
MEDICAL CER		
20. DATE OF DEATH January 24, 1	946 19	, a1 M
21. I CERTIFY that death occurred on the dale above January 23, 1946		
and that I last saw h im alive on Janu	ary 24, 1946	19
Bilateral Lobar Pneumo		
Due ta		***************************************
		w
Due to		•••••
Other conditions Minor laceration and neck due to fall on (Include pregnancy within 3 more	glass	2 days
Major findings of operations		
Autopsy results Bilateral lobar PHYSICIAN: Please underline the cause to which	Date of op	
22. VIOLENCE: If death was due to external causes	, fill in the following;	
Accident, suicide, or homicide	Dale of	
Where did Injury occur?(City or town)	(County)	(State)
Injured at home, farm, industry, public place (when	3?)	
Meens of tnjury	Injured at work?	
23. SIGNATURE / 8/5/4	eile M. D.	rother
Address 148 W. Washington S	t. Date signed.	/ 26/46

JAN 30 1946 BUREAU V.C.

1 DI LOR OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

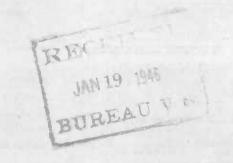
2411 N. Charles St., Baltimore 143-4

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CERTIFICATE OF DEAT	
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County	(For newborn infants give residence of mother) State Maryland County Washington City or town St. James (If outside city or town limits, write RURAL and give nearest town) Street No. Number (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John G. Campbell	
Male S. Color or race S. (a) Single, married, widowed, or divorced Widower	MEDICAL CERTIFICATION about 9
6.(6) Name of husband or wite fary U. de Ronge Campbell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of the boundary 70 7070	and that I last saw h
deceased (mo., day, yr.) February 10, 1878 8. AGE: Years Months Days If less than one day	Immediate cause of death
67 1 5min.	Will be supplied
9. Birthplace Owings Mills, Maryland (Town, county, and state) 10. Usual occupation School Teacher	Due to Suiside, Ly unknown Joison/s
11. Industry or business St. James School	Autopay, Jamay 15th, 1946.
# 12. Name William Campbell	Other conditions
I 13. Birthplace Winchester, Virginia	(Include pregnancy within 8 months of death)
14. Malden name Jessie Gorsuch 15. Birthplace Owings Hills, Maryland 16. Informant Adrian Onderdonk parti	Major findings of operations
Adrian Onderdonk part	chemical analysis being of one 211v and 15/46
C+ Taman Manager	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal. Which?) St. James Cemetery Date thereof 1-18-46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
St. James, Maryland C. M. Suter & Sons	Injured at home, farm, industry, public place (where?) home Smoked or swallowed injured at work?
Address Hagerstown, Maryland	DEPUTY "EDICAL EXAM.
19. Jan. 17. 1946 John W. Bast (Dyle rec'd by registrar) Registrar	23. SIGNA WRE Torker Wello WASH. CO., MD. M. D. Gester Address A general Management of the state of the sta



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X	I UNFADING INK. Supply every item of information carefully. The correct age
•	tion carefully.
NDING	I UNFADING INK. Supply every item of information carefully. The
MARGIN RESERVED FOR BINDING	Supply every
GIN RESER	DING INK.
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Evidence for on the of MA	RYLAND STATE DEPARTMENT OF HEALTH
	2411 N. Charles St., Baltimore
FLM No. T O O FFR 14 1946	CERTIFICATE OF DEATH

(1)	(1	9	1	G		~
Reg. I	Dist	t. N	Jo.	3	0	3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Washington County	state Maryland county Washington
City or town	
How long in above place of death?	City or town Clears pring Md. Blairs Valley. (If ontside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Blairs Valley	Street No. ClearspringMdRFDBlairsValley
How long in hospital or Institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Charles Elmer Carbaugh	3. (b) Social Security Number
	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION
MCTC HILLOC	20. DATE DE DEATH Jan 31. 19 46 21 30 30 Tr. M
Mong F Conhoneh	21. I CERTIFY that death occurred on the date above stated; that flattended deceased from
8.(b) Name of husband or wife	Jun 1, 1946, 10, Jan 31, 1946.
7. Birth date of	and that I last saw h sam silve on June 30, 19 46
deceased (mo., day, yr.) Sept. 1 3875- 1870	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cerebral Schrosis 3 410.
75 4 30nln.	
9. Sirthplace Clearspring Md. RFD. (Town, county, and state)	Due to atterio beliano 5 yro.
10. Usual occupation Farm Labor	
11. Industry or business Farm	Due to
E 12. Name John Carbaugh	AU
13. Birthplace Clearspring Md (Blairs Valle	
	(Include pregnancy within 8 months of death)
14. Malden name Mary E. Clopper	Major findings of operations.
15. 8irthplace Clearspring Md. (Blairs valle	Jate of op.
14. Maiden name Mary E. Clopper 15. Birthplace Clearspring Md. (Blairs Valle 16. Informant Mrs. Pearl L. Sword	Autopsy resolts
Clearspring Md. RFD	PHYSICIAN: Please woderline the cause to which death shoold be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) Date thereof. Feb. 3 1946. (mooth) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory Church Of God Cemetery	Where did injury occur?
Blairs Valley Clearspring Md.	Injured at home, farm, industry, public place (where?)
LOCATION	Means of Injury tnjured at work?
18. Funeral director Edith V. Leaf Address #7 Church St. Williamsport, Md.	P
Address #7 Church St. William Sport, mu.	23, SIGNATURE David OP. ODriver M.D.
19. For 2 19.4 6 Registrar	123 SIGNATURE Clear Spring Md Bate stoned 2/1/46

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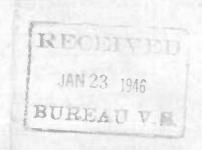
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

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			CERTIFICA	IE OF DEATH Reg. Dist. No. 30 2	
1. PLACE OF DEAT County 3	ington	J. 201	JRAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Penna . County Franklin Greence stle	***********
Hospilal, Institution, or str In route	eet address where d to Vashi	eath occurred:	County Hosni	City or town (If outside city or town limits, write RURAL and give nearest town) Street No	······
How long in hospital or ins	stitulion?	***************************************	***************************************	2.(a) If veteran, name war	
3.(a) FULL NAME Rarbara F. Clever				3. (b) Social Security Number 219-07-2869	
4. Sex 5	. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION 800	ut
Female	Thite	Mar	ried	2D. DATE DF DEATH. Jan. 19 19.46 , at 5:3	OP W
6.(b) Name of husband or wife Norman C. Clever August 4, 1904 6.(c) Hallye give age 48				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of		6.(c)	tt alive, give ageyears	and that I last saw halive on	
deceased (mo., day, yr.)					ATION
8. AGE: Years	Months	Days	It less than one day		p
		15	hrs min.	Practured skull	1
9. BirthplaceTred	erick,	county, and st	ate)	Due to	
10. Usual occupation	Pousey	.lf		Due to	
置 12. Name Joh	n V. Ha	milto	n	Dther conditions	
	Watie B	iser		(Include pregnancy within 3 months of death)	
6	ary land	o die del colori de cocco		Major findings of operations.	
	. Fores	t Cob	ell	Aulopsy results. None	
Address Fred	erick, H	d.		PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Rurial (Burial, cremation, or	removal, Which?)	Date there	Jan. 23, 194 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Accident Date of 1/19/4 Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) r Hagerstown	
1B. Funeral director			Teiler	Means of Injury Auto sideswiped Injured at work? IEDICAL WASH. CO., W	D.
Address	eencast!	le, Pr		- 22 SIGNATURE IN THUIS WILLS	
19. Jan 2.	t 19 46	Sphis	Registrar	Al. + had M. D.	46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97)

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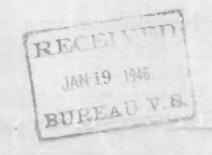
CERTIFICATE OF DEATH

M.	-		301	,
Reg.	Diat.	No.		

1. PLACE OF DEATH: County Washington City or town. Fairolay City or town. William to town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Fairolay How long in hospital or institution? None 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Fairplay (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war None 3.(b) Social Security Number
Charles Deville Coffman	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	2D. DATE DF DEATH. Jany 15 1946 19 21 9 A
6.(b) Name of husband or wife Estelle 81 T. Sirth date of deceased (mo., day, yr.) October 11 1859	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to 19.46 and thet I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death QUATION Heave And Services
(Town, county, and state) 10. Usual occupation Farmer 11. Industry or business Retired	Due to
12 Name Simon C. Coffman 13. Birthplace Sharpsburg Md.	Diher conditions
14. Malden name Sarah Hoyd 15. Birthplace Shepherdstown W. Va.	(Include pregnancy within 3 months of death) Major fiadings of operations
18. Informant Mrs. Estelle Coffman Address Fairplay Md.	Antopsy results
Burial Burial Bate thereof 1/19/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Manor Cemetery Location Tilghmanton Md.	Where did injury occur?
18. Funeral director Andrew K. Coffman	Means of injury Injured at work?
Address Hagerstown Md.	· lool ?
19 Jun. 18 19 46 Mrs & Les Mi Elvoy Registrar	23. SIGNATURE M. D. or other Address Walliam Panel M. Date signed 14 4 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

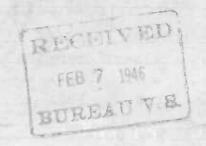
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466/X CERTIFICATE OF DEATH



	Nog. Dist. Nom.		
1. PLACE OF DEATH: County Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or fown. Sharpsburg Maryland (If outside city or town limits, write RURAL and give nearest town)	City or fown Sharpsburg Md. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Sireef No. Sharpsburg. Md		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Mrs. Mary Elizabeth Crampton 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH AND STATE OF DEATH OF DEATH AND STATE OF DEATH OF D		
6.(b) Name of husband or wifeAlbert Crampton	21. I CERTIFY that death occurred on the date above stated: that attended deceased from		
	141		
7. Birth date of deceased (mo., day, yr.) Feb. 7 1881	and that I last saw handlive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
64 11 1min.	Carpenna of Torach 15 works		
01 11	Carried November 1		
9. Birthpiace Dangaw, M. (Town, county, and state)	Due to		
10. Usual occupation Housewife			
U	Oue fo		
11. Industry or business Home			
12. Name William Kinght 13. Birthplace Dargan Marvland	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Mary M Haines			
14. Malden name Mary M Haines 15. Birthplace Dargan Maryland	Major findings of operations.		
	Date of op		
16. Informant Albert Crampton	Actopsy resolts		
Address Sharpsburg Maryland			
- Punici 1946	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial Date thereof Jan. 11 1946. (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Mountain View Cemetery Where did Injury occur? (City or town) (County) (St			
Location Sharpsburg Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Edith V Leaf	Means of Injury Injured at work?		
Address #7 Church St. Williamsport, Md.	Totalton H. Charley M. D.		
0-10 Hl. Eag 209-ER	23. SIGNATURE		
(Date rec'd by registrar) Registrar	Address Date signed		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation carefully is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &

CERTIFICATE OF DEATH

Reg. Dist. No. 30 Z

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland Washington State. Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 208 North Potomac Street		
How long in hospital or institution?	(If rurnl, give LOCATION) 2.(a) If veteran, name war		
3.(a) FULL NAME John L. Cunningham	3. (b) Social Security Number None		
Male S. Color or race S. (a) Single, married, widowed, or divorced White Widower	MEDICAL CERTIFICATION 20. DATE OF DEATH 1946, at 8:36		
6.(b) Name of husband or wife. Mary M. Cunningham 6.(c) If alive, give age years 7. Birth date of Nov. 19 1955	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
deceased (mo., day, yr.) May 18, 1856 8. AGE: Years Months Days If less than one day	Immediate cause of death		
89 8 2hrsmin.	Malignancy 66 face byrs		
9. Birthplace Fulton county, Pa. (Town, county, and state) 10. Usual occupation. Retired Farmer 11. Industry or business	Due to		
12. Name John Cunningham 13. Birthplace Fulton County, Pa.	Other conditions		
14. Maiden name. Annie Lake 15. Birthplace Fulton County, Pa. 18. Informatic Clifford C. Cunningham	Major findings of operations		
18. Informant Clifford C. Cunningham Address Hagerstown, Maryland	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal, Whichi) Cemetery or crematory Burial Date thereof (month) (day) (year) Cemetery or crematory	22, VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Funkstown, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director C. M Suter & Sons	Means of Injury Injured at work? DEPUTY MEDICAL CO.		
Address Hagerstown, Maryland	23. SIGNATURE of Caller & W. ello WASH. CO., M.D.		
(Vate rec'd by registrar) Registrar	Address		



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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

01951 22 Reg. Dist. No. 306

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Md County Washington		
(If outside city or town limits, write RURAL and five nearest town) How long in above place of death?	(if outside city op town simits, while RURAL and give nearest town)		
How long in above place of death?	1/- 1/-		
	Street No. (Mrural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
George Henry D	ickel		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divared	MEDICAL CERTIFICATION		
M. $W.$ $W.$	20. DATE OF DEATH Jesse 30 19 19 M		
mista Warne	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(b) Name of husband or wife	to		
7. Birth date of	and that I last saw halive on		
deceased (mo., day, yr.) July 2, 18/3	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
72 6 28min.	Thiphered annungence		
9. Birthplace Wagnesboro fa.	Due to		
(Town, county, and state)	Obdonnel and		
10. Usual occupation.	Due to		
11. Industry or business self employed			
E 12. Name Charles A Duckel	Other conditions.		
13. Birtholace Wayneshord Ga.	(Include pregnancy within 3 months of death)		
# 14. Maiden name Montg aret J. Seigler	Major fiudioga of operations.		
15. Birthpiace Smith strugg had.	major nucloga of operations. Date of op.		
16. informant Days, Harry in Billeley &	Antopsy results as alone Fale, 1-46		
1 + D10	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Lancaster Ja.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Burns Hell	Where did injury occur?		
1 Jana cal and Par	Injured at home, farm, industry, public place (where?)		
10021101	Means of injury Injured at work?		
18. Funeral director.	1.0 a Deputy heed Eyas		
Address 27 & Church St. Waynesboro Ta	23. SIGNAME Coher & Wells Wank. Co. hud.		
19. Fet 1 = 19.46 Ser. Vr. Fergara	H. D. or M.		

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FEB 12 1946
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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1/72

Dr. Binkley(1952

Injured at work?

M. A. Date signed.

		CERTIFICA	TE OF DEATH	Reg. Dist. No. 302		
County	PLACE OF DEATH: Washington or town. Hagers town (If outside city or town limits, write RURAL and give nearest town) long in above place of death? 6 Days Old in the structure of the struct			write RURAL end give nearest town)		
3.(a) FULL NAME Robert Dobie				3. (b) Social Security Number 503-14-8696		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White	Married	20, DATE OF DEATH January 3	0 19 46, at II N		
7. Birth date of deceased (mo., da 8. AGE: Ye 59 9. Birthplace	ars Months [astings Dr. (Town Supt. Robert Dr. Glasgow Ellen 1 Glasgov	Scotland Scotland Scotland Scotland Scotland Scotland Ford W Scotland Fude Dobie Minn.	and thet I last saw h alive on	mesentende de la		
		ings Cemetery	(0.0)	(County) (State)		
l location	THE VIEW OF THE PROPERTY OF TH	484 4 1111	milates at home! term! menoril' hange bises (and	A. A. S		

Mesns of Injury

23. SIGNATURE

K. Coffman

Hagerstown Md

WRITE

PLEASE

1B. Funeral director

19. (Date rec'd by registrar)

Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-61

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington R # 4	State Maryland County Washington
(If outside sity or town limits write RHRAL and give nearest town)	
How long in above place of death? 18818	City or town Hagerstown R # 4 (If outside city or town-limits, write RURAL and give nearest town)
nospital, institution, of street audiess where nearly occurred.	Street No. Cearfoss
Cearfoss None	(If rural, give LOCATION)
Now toug in nospital of institutions:	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Neal Richard Dorsey	163-09-7963
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH January 5 1946 19 46 21 11 A M
6.(b) Name of husband or wife. Mabel	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
s (a) If all us also are 42	Discussor 1,9 45 10 Jan 5 - 19 40
7. Birth date of deceased (mo., day, yr.) July 7 1901	and thet I last saw h. JAMM alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
44 5 28hrsmin.	Myocarditis. (?)
9. Birthplace Broadfording Wash. Co. Md. (Town, county, and state)	Oue to asterio-Allebasis. ?!
10. Usuat occupation Meat Cutter	
11. Industry or business American Stores	Due to
The state of the s	
12. Name Richard Dorsey 13. Birthplace Charlton Md.	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Bessie Gearhart Stringlace Wilsons Md.	Major findings of operations.
	Oate of op
16. Informant Mrs. Mabel Dorsey	Antopsy results
Address Hagerstown Md. R # 4 Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof 1/8/46	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Dunkard Cemetery	Where did injury occur?
Location Broadfording Md.	Injured at home, tarm, industry, public place (where?)
18. Funeral director. Andrew K. ? Coffman	Means of Injury Injured at work?
Address Hagerstown Md.	h. V. Fleeden
19. Jan. J. 1946 Chast Bowers, (Date rec'd by registrar) Registrar	23. SIGNATURE DR. VICTOR D. MILLER. M. D. on ther black Address. 131 W. WASHINGTON, ST. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consession is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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important.

PLEASE WRITE

1B. Funeral director ..

(Date rec'd by registrar)

Address

The correct age

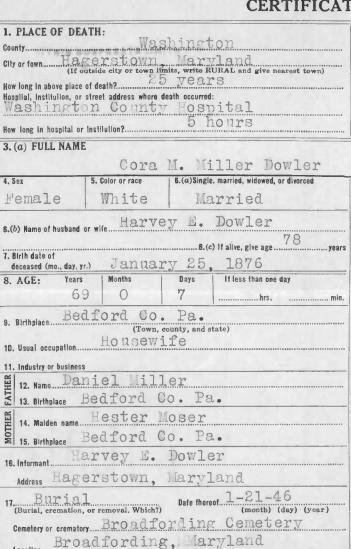
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-0

CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (HOME (For newborn infants give residence)		+
state Maryland		ton
City or town Hagerstown		
(11 outside city or town i	imits, write KUKAL and gr	ve nearest town)
Streel No. 333 Ridge A.		
	give LOCATION)	
2.(a) If veteran, name war	••••••••••••••	
	3. (b) Social Secu	rily Number
	None	
MEDICAL	CERTIFICATION	
	18	164
2D. DATE OF DEATH.		6 at 6 4
21. I CERTIFY that death occurred on the dat	e above stated; that I attended	deceased from
J-2 16-		
and that I tast saw hallve on?	sa 165-46	19
Immediate cause of death		DURATIO
Constry X	monto	36 %
Due to.		
WUC 10		
m .		
Due to		
	X	1 5
Diher conditions	Δ	
(Include pregnancy with	in 9 months of douth)	
Major findings of operations		λ
	Date of op.	
Autopsy results		
PHYSICIAN: Please underline the cause	to which death should be chi	arged statistically.
22. VIOLENCE: If death was due to externa	at causes, fill in the following;	
Accident, suicide, or homicide	Dale of	
Where did injury occur?(City or to		
tnjured at home, farm, industry, public plac		
		2
Means of Injury	Injured af work	



C. M. Suter & Sons

Hagerstown, Maryland

JAN 23 1946
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Evidence	for	change	of	age	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
is shown	on					2411 N. CI	harles St., Baltimore	19	3,2

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EUM No. T	O O FEB 1	1946 C	ERTIFICA	ATE OF DEATH	Reg. Dist. No. 302		
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	shington	220000000000000000000000000000000000000	***************************************				
City or town 17 118	gerstown	its, write RURAL and			county Washington		
(If c	ortside city or town in	Weaks	give nearest town)	City or townBlearsp	ring Rural own limits, write RURAL and give nearest town)		
How long in above place Hospital, institution, or	street address where d	eath occurred:		Street No.			
Washing	ton Co. F	Iospital			ural, give LOCATION)		
How long in hospital o	r Institution?	Waeks		2.(a) If veteran, name war			
3. (a) FULL NAM	E				3. (b) Social Security Number		
		David	Lewis	Eichelberger	NONE		
4. Sex	5. Color or race	6.(a) Single, married, wi	dowed, or divorced	MEDIC	CAL CERTIFICATION		
				Tonn	18TY 26 19.46 91 7 .00B		
Male	White	Wido					
6.(b) Name of husband	or wife Doro	thy Eiche	lberger		ne dalo above slated; that I altended deceased from		
	86000000 × 000 000 000 000 000 000 000 00		re agey	ears Dec /	(121		
7. Birlh date of deceased (mo., day,		10 1866		and that I last saw h			
8. AGE: Year		Days If less th	han one day	Immediate cause of death	DURATION		
	80 6	16	hrs	min. Chy My o cur	dial Actions 3412		
9. Birthplace	ashing to	County	*****	Due to			
10 Hours accusation	Lehoa	-0.T	22 ********************				
				Duo to	6 0		
11. Industry or busine				(Interes	o Acterosis 10 yrs		
E		γ n		Other conditions			
	Not Kno			(Include pregnancy	within 8 months of death)		
14. Malden name	Not Know	vnnv		Major findings of operations			
15. Birthplace	Not Know	1					
16 Interment	errett Fi	L v holberge	.53	Aotopsy results			
					ause to which death should be charged statistically.		
	gerstown			22. VIOLENCE: If death was due to			
17Buria	n, or removal. Which?)	Date thereof	n. 20 19 onth (day) (year)	46 Accident, suicide, or homicide	Date of		
				Where did injury occur?(City	or town) (County) (State)		
Cemetery or scenetor. St. Pauls Location Near Slear spring, Md.				A A A A A A A A A A A A A A A A A A A	c place (where?)		
				Moans of Injury	Injured at work?		
18. Funeral director	Snyder-I	Rowland Fu	neral Ho	me			
Address Cl	earspring	e Ma		1 Dave	d Vi Grewer		
1	/	7.	Hacion	23. SIGNATURE	M. D. or other		
19. Date rec'd by r	28 1944 registrar)	y	Regis	strar Address Clear of	oring Md Date signed 1/27/46		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Maruland county Washington
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 32 445-5 ms -18 day	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address whele death occurred:	Street No. Jahrey Menurial House
Jahrney Memorial Home	(lf rurat, give LOCATION)
How long In hospital or Institution? 32 400. 5 Ma 18 days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mary 13, Ellis	hone
4. Sex 5. Color or race S(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Terrale White Widowed	20. DATE OF DEATH DIMENS 11 1846 6 B
6.(6) Name of husband or wife Samuel Ellis	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Janairy 7 1846 10 Carried 1/ 1946,
deceased (mo., day, yr.) March 24 - 1850	and that I last saw halive on a successful
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
95 9 17hrsmia.	Olyone Myocardiles.
g. Birthplace New Market Dred. Co. Md. (Town, county, and state)	Due to.
(Town, county, and state)	
10. Usual occupation. Nove:	Due to
11. Industry or business	
12. Name Dearge U. Bailey 13. Birtholace Doed on it by Co. Md.	Dther conditions
13. Birtholace Andonick, Co. md.	,
14. Maiden name Ruth ann Roberts 15. Birthplace Inderich Co. md.	(Include pregnancy within 3 months of death)
15. Sirthplace Inderich, Co. md.	Major fiadings of operations
16. Informant, Mrs. Co. Es. Phillips	Autopsy results
Address 3,3 Evergreen St. Harristrus Penna	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 2 alumilus Cemutay	Where did injury occur?
Location wear Mableville md:	Injured at home, farm, industry, public place (where?)
18. Funeral director Dry D. Bad 9 Sous	Means of Injury / Injured at work?
Address Pirms Ino Md	MINTINKA MA
Addiese To a company of the company	23. SIGNATURE M. D. oryofher
19 January 14 19 46 Parties	1200 1200 pote signed /12/4/2



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VS A15

CERTIFICATE OF DEATH

Sher				34	1
100	Reg.	Dist.	No.	30	

1. PLACE OF DEATH	H: hington	2		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
UVUIII	*******************		***************************************				
City or town	erstown]	JRAL and give nearest town)	State Maryland County Washington Hagerstown			
How long in above place of a	de city or town in	25 Ye	a.rs	City or town			
How long in above place of t Hospital, institution, or stre	et address where	death occurred:		428 West Washington St.			
Hill Cr	est Hor	ne Ha	gerstown, Md.	Street No. (If rural, give LOCATION)			
How long in hospital or ins				2.(a) If veteran, name war			
3. (a) FULL NAME	He:	len Em	mert	3.(b) Social Security Number			
4. Sex 5.	Coior or race	6 (a) Single	, married, widowed, or divorced				
				MEDICAL CERTIFICATION			
Female	White	1	Single	2D. BATE OF DEATH. 1-17-4 CO			
O (b) Name of bushed as a	wife.			21 I CEPTIEV that double accurred on the data above clated: that I attended decased from			
7. Birth date of	Ta 2011 - 5	6.(c) If alive, give ageyears	and that I last saw het alive on 1-17-46			
deceased (mo., day, yr.)	Januai	ry 51	, 1001	Immediate cause of death			
8. AGE: Years	Months	Days	If less than one day	0 4 1/ 17-1/			
89	11	17	hrs min.	(angestiel Skent facture 11/			
9. Birthplace	Housew Home	county, and s	tate)	Due to			
원 12. Name	John Er	nmert		Other conditions 2			
	Marylan	nd		della - de theen a lalla			
			rkhart	(Include pregnancy within 3 months of death)			
			LAHELL	Major findings of operations.			
El 15. Birthplace	Marylar	nd		- Date of op.			
16. Informant	Mrs. Ac	rian	Underdunk	Autopsy results.			
	St. Jar			PHYSICIAN: Please underline the cause to which death should he charged statistically.			
Address				22. VIOLENCE: If death was due to external causes, till in the following:			
17. Buria	removal, Which?	Date there	of Jan 20 194 (menth) (day) (year)	Accident, suicide, or homicide			
Cometery or crematory	Manor	Cemet	ery	Where did injury occur?			
				Injured at home, farm, Industry, public place (where?)			
1B. Funeral director				Means of Injury / Injured at work?			
				16.16. 1110			
Address nag	erstown	1, Ma.	0 11/2	23. SIGNATURE			
19. Date rec'd by regist	2 1946	10	Earthfowerd	M. D. or other Address Date signed			
yours rec a by regist	tut j		1 Avegistiai	Address			

JAN 22 1946 BUREAU V.S.

PLEASE

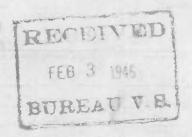
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	00958	
į.	Reg. Dist. No. 38	4

CERTIFICATE OF DEATH

1. PLACE OF D	EATH: Was	hington	n	2. USUAL RESIDENCE (HOME) (For newborn jufants give residence	OF DECEASED:			
County			b 4	Maryland	State Maryland County Washington			
City or town. (If outside city or town limits, write RURAL and give nearest town)				City or town Hancock				
			r.s	City or town Hancock (If outside city or town it	mits, write RURAL and give nearest town)			
	or street address where					******		
***************************************					give LOCATION)			
How long in hospital	or Institution?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00-0002-000-00-00-00-00-00-00-00-00-00-0	2.(a) If veteran, name war		*******		
3. (a) FULL NAM	ME				3. (b) Social Security Number			
		hard	Wilber Ever	itt	NONE	10		
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL	CERTIFICATION			
Male	White	C	ingle	Tanllary	31 19.46 21 5;	00 4-		
Marc	1 MILL OF		THETE			W.C.A.M		
6.(b) Name of husban	d or wife		************************************	21. I CERTIFY hat death occurred on the date	above stated; that I aftended deceased from	4		
		6.(c)	If alive, give agey	ears AM 2	19/96, 10 Jan 3/ 19			
7. Birth date of				and that I last saw h		1.4.6		
deceased (mo., day		ber 1	1945 If less than one day	Immediate cause of death.	DUR	ATION		
8. AGE: Yea			The state of the s	- Adams				
	9 9	23	hrs	nin.				
9. BirthplaceHa	ncock, M	d.	ate)	Oue to				
					+ macere			
10. Usual occupation	ı	1 an L	***************************************	Due to		000000000000000000000000000000000000000		
11. Industry or busin								
至 12. Name	Wilber	Everit:	<u>t</u>	Other conditions				
	Washingt	on Co.						
			gardner	(Include pregnancy within	n 3 months of death)			
E 14. Malden nam	e		6 M.A	Major findings of operatious				
≥ 15. Birthplace	Maxine Berkley	Sprin	g WVa.		Date of op.			
18. Informant	lber Ev	eritt		Autopsy results	o which death should be charged statistically			
Address	Hancock,	Md				•		
	_		Feb. 3 194	22. VIOLENCE: If death was due to externa				
	on, or removal. Which		(month) (day) (year)			00000000000000		
Cemetery or crematory River View Cemetery			emetery	Where did injury occur?(City or tov	vn) (County) (State)			
Location Ha	ncock, M	d		Injured at home, farm, Industry, public place	(where?)			
					Injured at work?			
Address		ck. Md		- Am	1 fatter			
o Ida	10411 11	1	11. 15/11	23. SIGNATURE	Mr. D. or other			
(Date rec'd hy	my Lot		Regist	rar Address Jawcot	Date signed			
(Date ree d ny	regiot at)		Took to	Num 455	11/2	1111		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

()(,959 Reg. Diat. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Utushination	(For newborn infants give residence of mother)
City or town	State Maryland County Urushington Curd!
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	street No. Haguston md. R.3
Hagerstow Md K. 3	(If rural, give LOCATION)
How long in hospital of institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	ty. none
4, 56% J. Collet of face U./S/Singlet, mailtiest, wisowest, of differen	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH Jeur 24 19 19 21 3 Aut
E. O. 8	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Nams of husband or wife	19
7. Birth dain of	
deceased (mo., day, yr.) b. ex enclar - 4 - 1945	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
1 20min.	
9. Birtholace Mean Hagerstone Wash Co. md.	Broncho pneumonia 24hrs
9. Birthplace May Talk along Wall (Tolk), county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business at 12 true	
# 12 Name Kalble Delty	Other conditions
E 12. Name Ralkli Delty 13. Birthplace Emmittsburg Plung	
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Bowers. 15. Birthplace Braue, Creek Trash, Co. md.	Major findings of operations
\$ 15. Birthplace Prairie Creek Thash Co. md.	Date of op.
18. Informant MA Ralph Jolty	Autopsy results. NO
1 (/2)	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address Hagerstow Md. 18,3,	22. VIOLENCE: If death was due to externat causes, fill in the following;
17 Burill Date thereof Anny 26 1946	Accident, suicide, or homicide. No.
(Burial cremation, or removal Which?) Date thereof (month) (day) (year)	
Cemetery or crematory Season Cult	Where did Injury occur?
Joseph Bearn Crub nd.	Injured at home, tarm, industry, public place (where?)
1124) Q 1015	Means of thiury Injured at work?
18. Funeral director. DM: 7 Dast 7000	DEPUTY TEDICAL EXAM
Address (3 ovnstrus md.	23. SIGHTER Skut helly WASH. CO., MD.
1 0 25 46 Chartelement	M. D. on other
(fate rec'd by registrar) Registrar	Address Hacertown he Took signed the 28/9

RECEIVED

· JAN 28 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

Dr. Ditto60

. Date signed

CERTIFICAT	TE OF DEATH Reg. Dist. No.302
1. PLACE OF DEATH: County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 9 Months Hospital, institution, or street address where death occurred: Middleburg Pike How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town. Hagerstown (If ootside city or town limits, write RURAL and give nearest town) Street No. Middleburg Pike (If roral, give LOCATION) None
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Harrett Malinda Gordon 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	None
F W Married	MEDICAL CERTIFICATION
P Married	20. DATE OF DEATH Jan I 19.46 at IQ:I
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 and thet last saw b 19 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	sometime case of grant minimum
80 3 I4hrsmin.	On Myounts
9. 6Irihplace. State Line Franklin Co. Pa. (Town, coonty, and state) 10. Usual occupation. House Wife 11. Industry or business Own Home	Due to.
≝ 12. Name Henery Rummell	Other conditions
Henery Rummell 13. Birthplace State Line Pa.	
E 14. Malden name No Record	(Include pregnancy within 8 months of death) Major findings of operations
16. Interment Mrs Chas. Mullenix	Autopsy results
Address Hagerstown, PMd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rest Haven Cemtery Location Hagerstown Md.	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
	Means of injury Injured at work?
18. Funeral director. Andrew K. Coffman	
Address, Hagerstown Md.	She Calley
19 Jan. 2. 1946 Charlesowers	23. SIGNATURE M. D. or other

Registrar

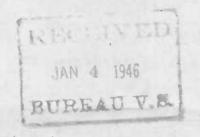
Address..

VS A15

(Vate rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Registrar

(Date rec'd by registrar)

HEARTH OF SCHOOLS OF SEATH

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BY THE AU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	Reg. Dist. No. QU
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Williamsport, Md. City or town Williamsport, Md. (If outside city or town initis, write RURAL and give nearest town) Street No. 25. S. Vermont St. William sport (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number 220-099-094
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about
Male White Single	20. DATE OF DEATH. Jan. 26 19.46 21/A.
8.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from 19
8. AGE: Years Months Days If less than one day	Immediate cause of death
61 6 20hrsmin.	Coronary or leaves 3 day
9. Birthplace Williamsport, Maryland (Town, county, and state) 10. Usual occupation Methanic in Garage 11. Industry or business Seymores Garage 12. Hame John G. Halbach 13. Birthplace Williamsport, Maryland (Town, county, and state) 14. Usual occupation Methanic in Garage 15. Industry or business Seymores Garage 16. Halbach 17. Hame John G. Halbach 18. Birthplace Williamsport, Maryland (Town, county, and state)	Due to
E 13. Birthplace Sharpsburg Md. E 14. Maiden name Martha Harris 15. Birthplace Sharpsburg Md.	(Include pregnancy within 3 months of death) Major findings of operations
18. Intermant Mr. Roy Hoover (Nephew) Address Williamsport, Md.	Actopsy resolts
17. Burial Date thereof Jan. 28 1946 (Burial, cremation, or removal. Which?) Cemetery or crematory. Riverview. Cemetery. Williams point. Maryland.	Accident, suicide, or homicide. Where did injury occur?
Location Williams port, Maryland 18. Funeral director. Edith V. Leaf Address Williamsport, Md.	Injured at home, farm, Industry, public place (where?) Maans of Injury Injured at work? Dyputy headed 23. SIGNATURE.
19 Cara 19 To Thomas Registrar Registrar	Address Hagertown md Date signed tay 27/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

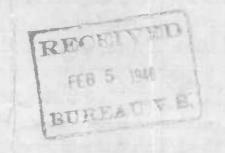
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

01,963 Reg. Dist. No.3.0

Cily or town	nington Co lliamspori	ounty Md	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland. County Washington City or town. Williams port. Maryland. (If outside city or fown limits, write RUKAL and give neurest town)	
Nospital, Institution, o	or street address where d ocheague	St.	Street No. Conococheague St. (If rural, give LOCATION)	,,,,
3. (a) FULL NAM	or Institution?		2.(a) If veleran, name war	
Mr. Ha	arry Luthe	r Harsh	None	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Married	20. DATE OF DEATH 19 at 4 FT	M
	······································	K. George Harsh	21. I CERTIFY hat death recurred on the late above stated; that I alrended deceased from 19 10 3 19 19 19 19 19 19 19 19 19 19 19 19 19	
deceased (mo., day,		1869 Days If less than one day	Impediate cause of death	
76	3	25hrsmln.	(Contract of the Contract of t	******
9. BirthplaceHa.	lfway Mar Carpente	yland ounty, and state) r Wood worker	Due to	93
13. Birthplace	acob B Ha Williamsp	ort RFD Maryland	Other conditions	******
14. Malden name	Amelia Williamsp	Zellers ort, Md. RFD	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant	na A. Geo	rge Harsh e St.Williamsport M	Autopsy results	
Burial (Burial, cremation	n, or removal. Which?)	Oale thereof. Feb. 2 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or cremate	lliamspor	ew Cemetery t, Md.	Where did injury occur?	
18. Funeral director	Edith V	Leaf Williamsport, Md.	Means of Injury Injured at work? Handware A Handware A	
19. CDate rec'd by r	2 19.46 egistrar)	Mrs & Le M. Elr Registrar	23. SIDNATURE	6



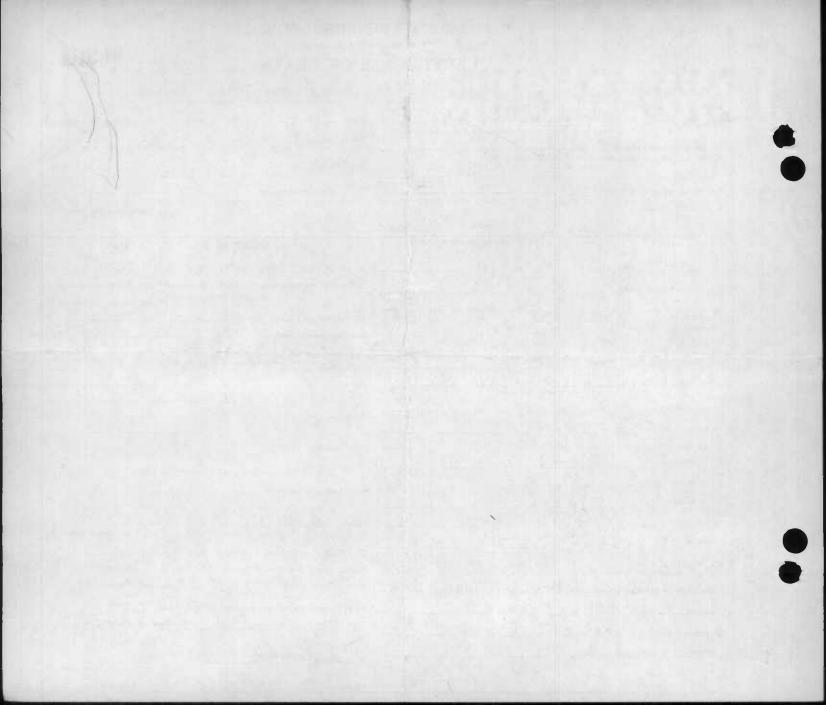
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH: County Wash A and Cock Route City or town Rural and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary and County Washing To M City or town Ruyal Hancock Roote (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charlene Sue Hende	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Single	20. BATE OF DEATH
	21. I CERTIFY that death occurred on the dale above staled; that t ettended deceased from
6.(b) Name of husband or wife.	19, to
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Nov. 14, 1945	Immediate cause of death BURATION
8. AGE: Years Months Days If less than one day	Ammediate Caree of Geam.
- 2 8min.	buffreation.
9. Birthplace. Hancock Route) Wash Co., Md.	Due to
10. Usuat occupation	
11. Industry or business	Oue to
	Bither conditions
12. Name James Hendershot 13. Birthplace Lashley Penna.	
	(Include pregnancy within 8 months of death)
14. Malden name Exa Shagger 15. Birthplace Mountain Lake Park, Md.	Major findings of operations
\$ 15. Birthplace Mountain Lake Park, Md.	
16 Interment James Hendershot	Antopsy results.
Address Hancock Routel, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
The state of the s	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof Jan. 24, 1946 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide.
cemetery or crematory Buck Uzlley Christian Ch. Cem.	Where dld injury occur House (City or town) (County) (State)
Location Buck Valley, Penna.	Injured at home, farm, industry, public place (where?)
18. Funeral director Charles R. Bast	Meens offine of kered in he shared Busher of
Address Hancock, Md.	23. SIGNATORE Caheed Wello WASH. CO. HD.
19 (Date red by registrar) 19 46 Mod Feller Registrar	Address Hazarotoron 2nd Date signed the 22 1/4/



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore R.d.

00965

CERTIFICATE OF DEATH

Reg. Diat. No. 302_

Tito all for arts and	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	state Marylandcounty Washington	
(If outside city or town limits, write RURAL and give nearest town)	State Address Address County County	
How long in above place of death? 60 years	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: Washington County Jospital	Street No. 827 Oak Hill Avenue	
	(If rural, give LOCATION)	
How long in hospital or institution? 19 days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Louise I. Hickman		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widow	20. DATE OF DEATH 19 46 at 11 a	
6.(6) Name of husband or wife John E. Hickman	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
7. Birth date of	57 Cerus 15 19.455 , to	
7. Birth date of deceased (mo., day, yr.) July 15, 1859	and that I last saw h. Sac. alive on 1946	
deceased (mo., day, yr.) JULY 15, 1859 8. AGE: Years Months Days If less than one day	Immediate cause freath DUBATION	
0. Aug.		
	artris scensio	
9. Birthplace Clearspring Wash. Co. Id.	Due ta	
19. Usual occupation Housework	Due to	
11. Industry or business		
12. Name William Gardner 13. Birthplace Not Known	Dther conditions	
13. Birthplace Not Known		
# 14. Malden name Elizabeth Hershey	(Include pregnancy within 3 months of death)	
14. Malden name Elizabeth Hershey 15. Dirthplace Wash. Co. Md.	Major fiadings of operations	
	Date of op.	
16. Informant William Hickman	Autopsy results	
Address Harrisburg. Pa.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Burial Date thereof 1-6-46 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	
Hagerstown Harvland	Injured at home, farm, Industry, public place (where?)	
Location C N Cuttors & Comm	Means of Injury Injured at work?	
18. Funeral director C. M. Suter & Sons	means or mony	
Address Hagerstown, Maryland	1. Chi Duella	
Claub 116 SohapHilanna	23, SIGNATURE M. D. or other	
19. (Pate rec'd by registrar) Registrar	Address 131 W. WASHINGTON, ST. Date algred of Ny	

BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1222)

CERTIFICATE OF DEATH

Reg. Dist. No.,

City or town Rural K (If outside cit How long in above place of death? Hospital, institution, or street ad How long in hospital or institution 3. (a) FULL NAME	Ceedysville by or town limits, write dress where death occurre	d:		i give nearest town)
4. Sex 5. Color	or race 6.(a) Sing	te, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Wh	ite M	arried	20. DATE OF DEATH	
••••	Sarah Maud tune 5,1898	Hill (c) If alive, give ageyears	and that I last saw h. Journalive on James 2	19 4 6 18 4 6
8. AGE: Years 47	7 Days	If less than one dayhrsmin.	acuta Intestinal Obsta	
10. Usuat occupationF.O.C. 11. Industry or business Gla	mer ze Apple Cr	-Maryland state) chard	Due to Status susception of intestine. Cropa Not due to conser. Due to	.,
13. Birthplace Bea	ver Creek-M		(Include pregnancy within 8 months of death)	
15. Birthplace Unk	nown		Date of	
16. Informant Mrs		Hill	Antopsy results	***************************************
17. Burial (Burlal, cremation, or remo Cemetery or crematory Not Location	ional rpaburg, Ma	reof 1 24 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following accident, suicide, or homicide	of(State)
	dysville, M		23. SIGNATURE Delease that Date	У Д 1 М. D. or other e signed . / Д 2 / У 6

AUREAU T. R.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

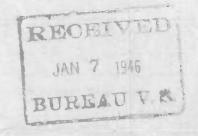
2411 N. Charles St., Baltimore Wo

01.967

CERTIFICATE OF DEATH

7				(Promp.	_	~
4	-	n		.5	0	2
	Reg.	Diat.	No.		******	***********

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Washington	state Haryland county Washington
City or town Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town)	To a a sect office
How long in above place of death? 15 years	(If outside city or town limits, write RURAL and give nearest town)
Rospital, Institution, or street address where doath occurred: Washington County ospital	Street No. 17 E11Zabeun Sureeu
	(If rural, give LOCATION)
How long in hospital or institution? 4 Weeks	2.(a) If voteran, namo war.
3. (a) FULL NAME	3. (b) Social Security Number
William Edward Holsinger	
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH 3 January 19 Hg at 4:10/2
B, (b) Name of bushard or wife Minine F. Holsinger	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) If alive, give ageyears	3 derender 1945, 10 3 James 19 46
1. Birth date of decoased (mo., day, yr.) June 29, 1882	and that I last saw halive on
8. AGE: Yoars Months Days It less than one day	Immediate cause of death Winorton 2 1918
63 6 5hrsmin.	
Propoducy Virginia	
9. Birthplace Broadway, Virginia (Town, county, and state)	Duo to
10. Usual occupation Carpenter	
11. Industry or business	Due to
	Other conditions S.) Consider the
12. Name Abraham Holsinger 13. Birthplace Braodway, Virginia	
14. Malden name Martha Ellen Wilt	(Include pregnancy within 3 months of death)
14. Malden name. Martha Ellen Wilt 15. Birthplace Broadway, Virginia 18. Informant. John K. Clem	Major findings of operations.
I 15. Birthplace DIOduway, III SIIII	Date of op.
18. Informant John K. Clen	Antopsy results
Address Hagerstown, Maryland	
17. Burial (Buriai, cremation, or removal, Which?) Oate thereof. 1-5-46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burini, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Comotory or cromatory Broadfording Cemetery	Where did injury occur?
Location Broadfording, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director L. F. Reecher	Maans of Injury Injured et work?
Address Funkstown, Maryland	1/100 1 7 1 1 1
1 14 16	23, SIONATURE M. Cllrand - Caymon bros
19. Jan 4 18.46 Glass Journ	Address 100 July segment 18 M. D. or other 186



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Local

CERTIFICATE OF DEATH

* Reg. Diat. No. 3

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown (If foteside city or town lights, write RURAL and give nearest town)	State Maryland County Mashinglay
F 240 - 40	City or lown
How long in above place of death?	
	Streef No
How long in hospital or institution?	2.(a) ff veteran, name war
3. (a) FULL NAME William Frank 1	full 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White married	20. DATE OF DEATH January 2 19 46 of 5 15A.
6.(b) Name of husband of wife Urigie & Hull	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(c) ff alive, give age 54 year	Jan 19.46 10 Jan 2. 19.46
7. Birth date of deceased (mo., day, yr.) gan. 6 - 1889	and that last saw halive on
8. AGE: Years Months Days If less than one day	Mus o ballar (wooding 5 400
56 11 24hrs	
9. Birthplace Washington Co (Town, county, and state)	Due to
10. Usual occupation	Que fo.
11. Industry or business	
12. Name John, Hull 13. Birthplace Washington Co.	Other conditions acute Bronchilis 3 day
\$ 13. Birthplace Washington Co.	
14. Malden name Mollie Eichieberger 15. Birthplace Waslington Co	(Include pregnancy within 3 months of death) Major fisdings of operations
15. Birthplace Washington Co	Bafe of op.
18, Informani Miss Kirgil & Hell	Autopsy results.
Address Big Shing Russe	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. Vine J Gas 51 1946	22. VIOLENCE: ff death was due to externat causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or erometer St. Pauls	Where did injury occur?
Location Mear Clear Spring md	Injured at home, farm, industry, public place (where?)
Sulla Ruschand	Means of Injury fnjured at work?
18. Funeral director Orange Company and Co	And Page MA
Address Clar pring, Ma	- 23. SIGNATURE DAVIG J. William M. N
Day 5 10 4 6 Joseph w Munos	Pleas Abring MA M. D. or other
(Date rec'd by registrar) Registra	Address Date signed Date signed

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 70-0

00969

CERTIFICATE OF DEATH

Cily or town	shington lagerstow outside city or town li e of death?	ty Hospital	Sireet No. 402 Mitchel	mother) Washing Wn uniy Washing Wn us, write RURAL and give ne l Ave.	earest town)
3. (a) FULL NAM	Cody	McCellan Kline		3. (b) Social Security	/ Number
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Single		ERTIFICATION 1946 9;30	4.M. W
	***************************************		.19	to	19
8. AGE: Year 24	Months	Days If less than one dayhrsmin	Fractured	Freel	6 la
10. Usual occupation. 11. Industry or busine 12. Name	House	Md. county, and state) painter Kline	Due to	months of death)	
19. 1119/1118/11	Maryland dward L.		Major findings of operations. Autopsy results. PHYSICIAN: Please nuderline the cause to w	Date of op.	
17. Buris (Burial, crematio Cemetery or cremat Location	lagerstow F. W.	Date thereof Jan. 29. 19 (month) (day) (year) Hill Cemetery n. Maryland. Kraiss n. Maryland.	Accident, suicide, or homicident was due to external care. Where did injury occur?	(County) Injured at work? DEPUTY ME	26/46 Red (State)



CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

Street No....

Maryland

(M)

The correct age

information care of death clearly

1. PLACE OF DEATH: Washington

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..

Hospilal, institution, or streef address where death occurred:
Washington County Hospital

Three Weeks How long in hospital or institution?.

3. (a) FULL NAME

Clarine Knott

3. (b) Social Security Number 214-09-2581

(if outside city or town limits, write RURAL and give neerest town)

(If rurel, give LOCATION)

6.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race Female White Widowed John C. Knott 6.(b) Name of husband or wife......6.(c) It alive, give ageyears Dec. 9, 1887 deceased (mo., day, yr.) 8. AGE: Years If less than one day 58 .0 30hrs.min. Hagerstown, Wash., Md. 9. Birthpiace...... Emp. Southern Shoe Factory 10 Usual occupation. 11. Industry or business 12. Name...... George H. Duffy Hagerstown, Md. Elizabeth Sayles 14. Malden name.. 15. Birthplace Hagerstown, Md. George E. Knott 16 Informant Hagerstown, Md. Address Burial Date thereof Dan. //, 1946 (month) (dny) (year) (Burial, cremation, or removal. Which?) Rose Hill Cemetery Cemefery or crematory... Hagerstown, Md. F. W. Kraiss

Hagerstown, Md.

(Pate rec'd by registrar)

MEDICAL CERTIFICATION Jan. 8, 1946 , 9:30 A.M. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Immediate cause of death. Practured femur(simplert) Colle's fracture Thrombosis rt internal iliac vein ---acute pulmonary embolism (Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the caose to which death shoold he charged statistically.

Injured at home, farm, industry, public place (where?) N. a. mulberry St

WASH, CO., MD.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Nervland Washington

Hagerstown

125 Randolph Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE

River

DI LCE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167

CERTIFICATE OF DEATH

2 HOURS DECIDENCE (LICENCE) OF DECEASED.

00971

Reg. Diat. No. 303

County. Washington City or town. Clearspring (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 50. Years Hospital, institution, or street address where death occurred: How long in hospital or institution?				(For newborn infants give residence of mother) State. Maryland County Washington City or town. Clearspring (If outside city or town limits, write RURAL and give nearest town) Street No			
3. (a) FULL NAME							
3. (a) TOLL WANT	Lyd		Keeps	3. (b) Social Security Number NONE			
4. Sex	5. Color of race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female	White	W	lidowed	20, DATE OF DEATH January 30 19 46	4 6:00 PM		
8.(b) Name of husband of wife JohnD				21. I CERTIFY that death occurred on the date above stated; that lattended decease of the latten	19.46		
8. AGE: Years		Days	If less than one day	Hypo 2TaTic Deeminal			
84	1 4	27	hrsmin.	Brancha - Breomonia, 48 hours	2 days.		
10. Usual occupation 11. Industry or business 12. NameD	Home 10 s avid H? S Vashingto	Shank	and	Other conditions (Include pregnancy within 3 months of death)	3		
TLOV 15 Malden name	Washing	ton (70.	Major findings of operations. Work.			
	ss. Lucie		ink	Aotopsy results			
17. Burial Date thereof Feb. 2 1946 (Burial, cremation, or removal Which?) Cemetery or crematory Rose Hill Location Near Clearspring Md 18. Funeral director Snyder-Rowland Address Clearspring Md				22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	(State)		
	19.46		. 1 h . M 100	23. SIGNATURE M. D. OF MAC. Address Clear & pring md Date signed 2/1/46.			

PLEASE WRITE PLAINLY, WITH LINFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-07

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County W. ashington	state Maryland county Washington			
City or town	City or town			
How long in above place of death?				
bash co. Hospital	Street No. M. YM and S.L. (If rurol, give LOCATION)			
How long in hospital or institution? 1.2 days	2.(a) If veteran, name war			
3. (a) FULL NAME	3.(b) Social Security Number			
Sugar andella	rakin noue:			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Widowed	20. DATE OF DEATH. January 30" 1946 at 14-20			
0 '1 0 0 1.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
G,(O) Rent of Resource of Williams	Jan 18" 18 46 10 Jan 30" 18 46			
7. Birth date of	and that t fact saw h alive on free 364 18.46			
deceased (mo., day, yr.) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Immediate cause of death DURATION			
8. AGE: Yeare Months Days triess than one day 7.5° 8 2.8	Robert Transmorand 4 days			
	0++1+1+1			
9. Birthplace had. (5 ornsland Turk, Co., Mnd. (Town, county, and state)	Bue to he les front kann last the from the the first 12 days			
10. Usual occupation	Due to Fell whom getting Beat of land			
11. Industry or business Aura Home.				
# 12. Name John Daffman	Other conditions			
\$ 13. Birtholace Bornslops Wash, Co. md.	(Include pregnancy within 8 months of death)			
14. Maiden name Margaret Morgan				
14. Maiden name Margaret Morgan 15. 8/rthplace Mucracille 2 red Co. md.	Major fieldings of operations. Date of op.			
X 10-	Actopsy results			
16. Informant VI XXXIII	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Boonstone Md.	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide			
Cemetery or crematory. B. oousloss Censulary	Where did injury occur?			
Location Boundon md.	injured at home, farm, industry, public place (where?)			
18. Funeral director Wy J. Bast 48 ms	Meane of Injury Injured at work?			
Address Branch Md.	0./1/1/5			
told 1	23. SIGNATURE M. D. or other			
(Date rec'd by registrar) (Date rec'd by registrar) (Registrar)	Address / Januara Sel Bate signed 1/31/46			

-190

FEB 3 1946
BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

•	
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles Theadors Z	eatherman 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, martled, widowed, or divorced	MEDICAL CERTIFICATION
male white widness	20. DATE OF DEATH 12. 19. 46 at 1. 40 4. M
6.(b) Name of husband or wife Musy C. Roughan	21. I CERTIFY that death occurred on the date above stated; that battended deceased from
7. Birth date of deceased (mo., day, yr.) Paul. 16 1855	and that I last saw h. finalive on files starting
8. AGE: Years Months Days If less than one daymin.	Immediate cause of death Duration Sisteratural Obstrace trace & days
8. Birthplace	Due to Accal impactions Cuy
10. Usual occupation	not due to cancer.
11. Industry or business	
12. Name Rev. George Leatharman	Other conditions
14. Maiden name. Relecca Johnson 15. Birthplace M. C.	(Iuciude pregnancy within 3 months of death)
W 15 Birthnices W	Major findings of operations.
16. Informate Mers Tolotie Argand	Autopsy results
Address (Needersulle. Mos	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Date thereof. (mouth) (dry) (year)	22. VIOLENCE: If death was due to external causes, filt in the following; Accident, suicide, or homicide
Cemetery or crematory Bulling	Where did Injury occur?
Location Harmany Fred Co Md.	(City or town) (County) (State)
18. Funeral director C. N. Feets + Bro	Means of Injury Injured at work?
Address Brunswick Md.	61112121.
18 Jan 14 1846 PJ JULI	23. SIGNATURE M. D. or other M. D. or other

THE STATE OF THE PARTY OF THE STATE OF THE S

BURIA

(Dr Wade)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1970

CERTIFICATE OF DEATH

()11974 Reg. Dist. No. 302

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Manyland County Washington
How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	
Mies Sidney V. Lee.	3. (b) Social Securily Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female nego single	20. DATE OF DEATH 1990 L 1946 at 1:20A
6.(b) Name of husband or wife	21. I CERTISY that death occurred of the date above stated; that I attended deceased from
7. Birth date of	and that I las saw h 1 alive on 18 9 a 19 4 6
deceased (mo., day, yr.) May 1904	Immediate cance of death
8. AGE: Years Months Days If less than one day	Moreone Te Con 2 Marsh
42hrsmin.	
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation	Oue to
11. Industry or business	
12. Hame ugustus Zee 13. Birthplace Charles - Town W. Va.	Other condillons Adjusting Control
13. Birthplace Charles - Dun W. Va.	Chicked pregnancy within smonths of death) Cula 3
15. Birthplace Charles town,	Major findings of operations Date of op.
16. Informant & lung Washington	Autopsy results. On allowe
Address 425 north gonathan st.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
17. Build, eremation, or removal, Which?) Oate thereof Jan 22-1946 (Burlal, eremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burlal, eremation, or removal. Which?) Cemetery or crematory. (Burlal, eremation, or removal. Which?) (month) (day) (year)	Where did injury occur?
Summer, or a contract of the c	Injured at home, farm, Industry, public place (where?)
Location Hagenstown Md.	Means of Injury Injured at work?
18. Funeral director. White Management of the state of th	The state of the s
Address 291 Fuding & St.	23. SIGNATURE MORELEMAN IN D
19. Date rec'd by registrar) 19. 4. 6 Chaiff Cowers Registrar	Address 100 My Jossey 4 Cof Bened 2 37 2 4

RECEIVED 14N 24 1946 BUREAU V. E. monte Conday shops Robert brains can is livered.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Jo

CERTIFICATE OF DEATH

Reg. Dist, Nov. 302

1. PLACE OF DEATH: county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town	State Maryland county Washington Tagerstown
How long in above place of death? Lite	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	401 Ridge Ave.
Washington County Hospital	(If rural, give LOCATION)
How long in hospital or Institution?	
3.(a) FULL NAME Roy E. Lorshbaugh	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Jan. 26, 1946 3:21 A.M.
6.(b) Name of husband or wife Ethel Length ugh	19.70 to 19.70 119.70 119.70 119.70
7. Birth date of	and that I last saw ecololisative on
deceased (mo., day, yr.) Sept. 4, 1907	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	
38 4 21hrs.	min. Tobo- Vallerillell ~.
9. Birthplace Hagerstown, Md. (Town, county, and state)	Due to
10. Usual occupation Emp. Hagesstown Shoe Co.	Due to Admin Ath a Highlile This
11. Industry or business	1 3 3 2 1 1 Xxx
12. Name Ross Lorshbaugh 13. Sirthplace Maryland	Other conditions
13 Birthniace Warvland	
Cof- Choffer	(Include pregnancy within 3 months of death)
14. Maiden name Sofa Shaffer 15. Birthplace Naryland	Major findings of operations
2 15. Birthplace Naryland	Date of op.
16. Informant Mrs. Ethel Lorshbaugh	Antopsy resnits
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hagerstown, Md.	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Bate thereot. Jan. 29. (month) (day) (y	1946 ear) Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Location Hagerstown Md.	
18. Funeral directorF. W. Kraiss	Mesns of injury Injured at work?
Address Hagerstown, Md.	23. SIGNATURE M.D. or other
(Oate rec'd by registrar)	M. D. or other

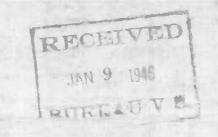
AN 31 1946
BUREAU V.E.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Diat. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Washington City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 131 High Street (If rural, give LOCATION) 2.(a) If veleran, name war.			
3. (b) Social Security Number None			
MEDICAL CERTIFICATION 20. DATE DF DEATH January 4, 1946 18 6:35 A.			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19			
Due to Diher conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.			
PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. V10LENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			



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	E PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly
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MARYLAND STATE DEPARTMENT OF HEALTH Evidence for addition of

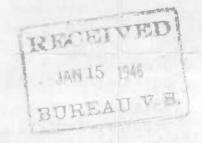
2411 N. Charles St., Baltimore 93

O JAN 18 1946

||sex is shown on

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Washington State County Washington (If outside city or town limits, write RURAL and give nearest town) 838 West Washington (If rural, give LOCATION) 2.(a) It veteran, name war.		
3.(a) FULL NAME William Manious	3. (b) Social Security Number 214-09-8283		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Male White	MEDICAL CERTIFICATION 1 30 20. DATE OF DEATH January 9th 19 46 at A.M. M		
6.(b) Name of husband or wite. Elsie M. Manious 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) May 19, 1886 8. AGE: Years Months Days It less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19. 19. 19. 19. Immediate cause of death. OURATION		
59 7 21 hrs. min. 9. Birthpiace (Town, county, and atate)	Due to.		
11. tndustry or business Furniture factory 12. Name	Other conditions (Include pregnancy within 3 months of death)		
14. Malden name Indinia Eickelberger 15. Birihplace Maryland 16. informant Elsie Manious	Major findings of operations. Date of op.		
Address Hagerstown 17. Burial Date thereot (month) (day) (year) Cemetery or crematory. Rose Hill Cemetery	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, till in the following: Accident, suicide, or homicide		
Hagerstown 19. Funeral director Fred W. Kraiss Address Hagerstown 19. Funeral director Fred W. Kraiss Address Hagerstown 19. Funeral director Fred W. Kraiss	trijured at home, farm, Industry, public place (where?) Means of trijury trijured at work? 23. SIONATURE M. D. or other, 6		

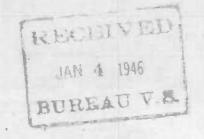


2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	mits, write R Day death occurred ounty	URAL and give nearest town) Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Franklin Da	rid Ma	rtin		14 - 6831	
Male S. Color or race		.vorced	MEDICAL CERTIFICATIOn 20. DATE OF DEATH January 1 1946		
B.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date above stated; that I atte	N 1 19 7 6	
deceased (mo., day, yr.) May 1	1880)	Immediate cause of death		
8. AGE: Years Months	Days	If less than one day	PNEUMONIA, LOBAR,		
65 7	26	hrsmln.	LEFT BASE	2 Days	
9. Birthplace Middleburg (Town, 1D. Usual occupation Labore:	*		Due to		
11. Industry or business Hagers 12. Name David H. 13. Birthplace Cearfo	lart		Dther conditions ACUTE ALCOHOLISI (Include pregnancy within 3 months of death)	n (?)	
	eburg	Md.	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Preston	Marti	<u>.n</u>	Actopsy results	-1 J -4 -01 -01 -11	
Address Big Sy 17. Burial (Burial, cremation, or removal, Which? Cemetery or crematory	Date there	201_ 1/3/46 (month) (day) (year)	PHYSICIAN: Please nnderlice the caose to which death should be 22. VIOLENCE: If death was due to external causes, fill in the following accident, suicide, or homicide	ng: of	
Location near Cear	oss l	ld.	Injured at home, farm, industry, public place (where?)		
1B. Funeral director. Andrew Address, Hage:	stown		23. SIGNATURE Mullian Stary	M. D. or other	
19. (Date rec'd by registrar)	-	Registrar	Address 150 Stall Some of Carlo Ble	e signed 2 2 -16	



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
The way the season of the seas					State Maryland County Washington			
City or town (If outside city or town limits, write RURAL and give nearest town)								
How long in above place	of death?	4 Day	S		Cliy or fown			
					Street No. 1050 Pope Ave			
.0,000.000.000.000.000.000.000.000.000	gton Co.	_	***************************************		(If rural, give LOCATION)			
How long in hospital or	Institution?	4 D	mp.		2.(a) If veteran, name war			
3. (a) FULL NAME		8			3. (b) Social Security Number			
	Mo	s. Li	zzie McCori	mick	Mattin			
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced		MEDICAL CERTIFICATION			
Female	White		Widowed		20. DATE DF DEATH. 2011 29 1946, at 7 PM			
6.(b) Name of husband	or wife		Mobert		21. I CERTIFY that death occurred on the date above stated; that attended deceased from			
				***********	10 10 10 10 11 1970			
7. Birth date of		5.(c)	If alive, give age	years	and the Last saw halive on			
deceased (mo., day, y		t. 13			Immediate cause of death			
8. AGE: Years	Months	Days	if less than one day		ELIDIULO A Dah			
68	4	16	hrs	min.	good of the and the			
9. Birthplace	ghmanton	Wash	. Co. Md.		Due to			
10. Usual occupation								
	A	Home	•••••••••••••••••••••••••••••••••••••••		Due 10.			
11. Indusfry or business			0		END IN COLUMN POR TYPE			
12. Name			8		Dther conditions			
			Maryland		(Include pregnancy within 3 months of death)			
14. Malden name	Charlet	te Moa	ts		Major findings of operations.			
14. Malden name	Tilghma	anton.	Maryland		Date of op			
16. Informant	Samuel	McCor	mick		Autopsy results			
Address	Hagers	stown.	Maryland					
17. Burial (Burial, cremation,	or removal. Which?)	Date thereo	Jan. 31, 19 (month) (day) (ye	946	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
Cemetery or crematory Manor Cemetery				Where did injury occur?				
lecation Near Tilghmanton, Maryland				Injured at home, farm, industry, public place (where?)				
18. Funeral director. Andrew K. Coffman					Maans of Injury Injured at work?			
Address		s towns.	Maryland.		WW (MI) and an DIA			
1 2	1	Chil	estthou	reci	23. SIGNATURE II. D., or other			
19. (Date rec'd by reg	19.4.6	7	F	Registrar	Address Date aigned			

FEB 2 1946

Evidence for change of age and birth dat e of deceased is shown on PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

Market No.	T	0	4	JUN	-	6	1946	
Designation 1 (1)		3. 2	- piller	00.				

CERTIFICATE OF DEATH

(11981) Reg. Dist. No. 38.2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County.	(For newborn infants give residence of mother)	untare
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	City or town	rest town)
Hospital, Institution, or street address where death occurred:	Street No. 134 12 W. narch Str.	u_{ℓ}
	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME leabelle masou	3. (b) Social Security	Number .
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	n /701
Female negro married	20. DATE OF DEATH January 18 19.46	7/30A
6.(b) Name of husband or wife. Watter masaw	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
7. Birth date of deceased (mo.; day, yr.) February 18853	and thet I last saw halive on	1
8. AGE: Years Months Days tf less than one day	Immediate cause of death	DONATION
6/0/63 //hrsmin.	chr. myocarditis	Syrs
9 Ritholace (Karlestouw W. Va.	Due to	*******************************
(Town, county, and state)	acute ventricular fibrillat	ion
10. Usual occupation.	Due to	*
11. Industry or business		
12. Name Prank Shuran	Dther conditions	***************************************
13. Birthplace (Marchaller, Wal	(Include pregnancy within 3 months of death)	
E 14. Maiden name Mary Shusau	Major findings of operations.	
14. Maiden name Mary Johnson S. 15. Birthplace a harletelsun W. Va.	Date of op.	
16. Informant Walter mason	Antopsy results.	*******************
Address 134 1/2 W. north Street	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
(but ad. 1 27 1446	22. VIOLENCE: If death was due to external causes, till in the following:	
17	Accident, suicide, or homicide	
Cometery or crematory Cemelery	Where did injury occur?(City or town) (County)	(State)
Location Charlestown To. Va.	Injured at home, farm, Industry, public place (where?)	*********
18. Funeral director, Wm 18 Downey	Means of Injury Injured at work?	ICAL EXA.L.
7 1.6 14 45	I Sohur & Walls WASH. C	O. MD.
Address Trenet street	/23. SIGNATURE	
19. Canal 19.4 b Massift Lowers Registrar Registrar	Addres	1110/
Togottat .	Additional and the state of the	//

BUREAU V.S.

2411 N. Charles St., Baltimore 197-0

CERTIFICATE OF DEATH

Reg. Dist. No. 302

<u> </u>	Reg. Diat. No
1. PLACE OF DEATH: County Vashington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 Days	State laryland county Lashington City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Washington County Hospital How long in hospital or institution? 3 Days	Sireet No. 613 West Washington St (If rural, give LOCATION) 2.(a) It veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
Donald Milford McCauley Ir	None
Donald Milford McCauley Jr. 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Nale White Single	20. DATE OF DEATH January 24 1946 19
6.(b) Nama of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) January 1946	Immediate cause of death
8. AGE: Years Months Days It less than one day - 3hrs	
9. Birthplace Hagerstown Wash. Co. Md. (Town, county, and state) 10. Usual occupation	Due to.
11. Industry or business	
12. Name Donald M. McCauley 13. Birtholace Hagerstown Md.	I see to
	(Include pregnancy within 3 months of death)
	Major fiadiugs of operations.
	Date of op.
16. Informant Donald M. McCauley Address Hagerstown Md.	Autopsy results
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Rose Hill Cemetery	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location Hagerstown Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of Injury Injured at work?
Address Hagerstowh Md.	+ 23 SIGNATURE Carl Journa Mes
19. Jan 25 1946 Phostillowers	M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

JAN 28 1946 BURLAU TE

2411 N. Charles St., Baltimore

00981

CERTIFICATE OF DEATH

	Rog. Dist. 110
1. PLACE OF DEATH: //askingatov	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County As Page 1 A County	State Mad County Mashangton
Cily or town	les - and and a second
How long in above place of death? TH YMA	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No Smithsburg Ind # 2
	(If ruyal, give LOCATION)
Now long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mahlon Harvey milles	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Married	20. OATE OF DEATH. 9 19 46 21 5 12 A
1	
6.(b) Name of husband or wife Medical Company	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19.30 10 19.46
7. Birth date of deceased (mo., day, yr.) Oct. 26 1871	and that I last saw h. 411 alive on face 19. 44a
8. AGE: Years Months Days tt less than one day	Immediate cause of death DURATION
74 2 /3hrsmin.	arebral Genorhage 3 days
9. Birthplace & agents of (Town, conney, and state)	Due to Theralized arters scleros
131-12 1.14	12,433
10. Usual occupation Sulcon Amount	Due to U. A. D. Doubles
11. Industry or business	mitral - Wha.
12. Name Levi Miller 13. Birthplace McL	Other conditions
₹ 13. Birthplace md	
14. Maiden name Sarah Reynolds.	(Include pregnancy within 3 months of death)
14. Maiden name Status Buy mulles. 15. Birthplace mul	Majnr findings of operations
El 15. Birthptace	Date of op.
18. Informant Mrs Mary Ce Yniller	Autopex results
Address Smithsburg md tt 2	PHYSICIAN: Please underline the cause to which death shanld he charged statistically.
Bus 1 11 1941	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Cemelery or crematory Welty Cornelery	Where did injury occur?
bear St. Th. h. Go IMM	
Location State Sta	Injured at home, tarm, industry, public place (where?)
18. Funeral director Addles J.	Means of injury Injured at work?
Address Maynestory Jenna	(1) etil Harde at moto
Jan 15-1 16 llas IN 4	23. SIGNATURE M. D. or other
19 Jan 19 J. L. St. W Terqueou (Date rec'd by registrar) Local Registrar	Addres Ocena 1000 Cena Date signed 1/9/46.

REGELVED TAN 14 1946 BUREAUVE

2411 N. Charles St., Baltimore 8370

00.983

CERTIFICATE OF DEATH

			2	1	1
Reg.	Dist.	No.	0	(50

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County				
City or town Rural Keed yay ille (If outside city or town limits, write RURAL and give nearest town)	Slate Mcr.yland County Lashington			
How long in above place of death? 2. Weeks	II all			
Hospital, Institution, or street address where death occurred:				
	Street No			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Susan Virginia Moss	None			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Widowed	MEDICAL CERTIFICATION			
	20. DATE OF DEATH			
6.(4) Name of husband or wife Zeckie Moss	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from			
	Jan 2: 19. 4 6 , 10 Jasse 147 19. 4 6			
7. Birth date of	and that I last saw h			
deceased (mo., day, yr.) Jan. 15, 1865 8. AGE: Years Months Days If less than one day	Immediate cause of death			
	Cereberal Howard Rage 3 days			
E0 11 30hrsmln.				
9. Birthplace Brownsvills-MagnMaryland (Town, county, and state)	Due to attaca Alexander 12 days			
1D. Usual occupation Home Duties				
11. Industry or business	Due to			
12. Name Samuel Holmes Unknown	Dther conditions			
Avening Marine Co. 1.1.1	(Include pregnancy within 8 months of death)			
14. Malden name. Annie Mary Smith Unknown	Major findings of sperations			
2 15. Birthplace Unknown				
16. Informant James R. Barger	Antopsy results			
Address Lanvale St., Hagerstown, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide			
Cemetery or crematory	Where did injury occur?			
tocation Bransville, Md.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director R. I. Earns haw	Means of Injury Injured at work?			
Address Keedvaville Md.	fold 12.1 2 1			
1 2-006	23. SIGNATURE M. D. or other			
19 State ree'd by recistrary 18 6 Vy Selfice	Baushara- md. 1/15/46.			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



CERTIFICATE OF DEATH

00.984

Date signed

-		-

	Reg. Dist. No	
1. PLACE OF DEATH: County The County of town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Stay in hospital or list, (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME Boley Bay needy	3. (b) Social Security Number	
4. Sex Sex Sex Secolor or race Secolor	Due to Other conditions (Include pregnancy within 3 months of death) Major findings: PHO Pleas the cau	JRATION 12 La YSICIAN se underliuse for the
16. Informani Address 17. (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director Address 19. (Date pec'd by registrar) (Date thereof (month) (day) (yeur)	death s	should be d statisti

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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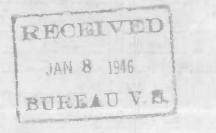
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/cv

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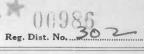
CERTIFICATE OF DEATH

ODITITION 1	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) StateMaryland
6.(b) Name of husband or wife	2D. DATE DF DEATH
12. Name	Diher conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE. M. D. or other Address A. C.



2411 N. Churles St., Baltimore 83-00

CERTIFICATE OF DEATH



1. PLACE OF DEATH: Washington						2. USUAL RESIDENCE	(HOME)	F DECEASED	•	
County					***********	(For newborn infants give residence of mother)				
City or town	(If outs	ide city or town	limits, write R	and TURAL and give nearest t	own)	state Maryland County Washington				
How long in abo	ve place of t	death?	Life	***************************************	*************	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)				
Washington County Hospital						Street No. 49 El:	izabeth	Street		
							(If rural, give	LOCATION)		
		titution?	4 days	<u> </u>	***************************************	2.(a) It veteran, name war		***************************************		***************************************
3. (a) FULL	NAME							3. (b) Soci	al Security	Number
				rthington		all		219-0	5-276	4
4. Sex	5.	. Color or race		e, married, widowed, or divorc	ed	N	MEDICAL C			
Male		White	Mar	ried		20. DATE OF DEATH	Jan/	1 /46	19	at 8 P
6.(b) Name of h	ushand or v	Ada	R. Rar	ndall		21. I CERTIFY That death occur	urred on the date shi	nve stated: that I	attended dece	ased from
gi(c) hame of h			6.7	c) If alive, give age 55	***************************************	Osct/27/4	519	, to	an/1/	4.619
7. Strth date of			4. 18		years	and that I last saw h. im.	.alive on	$\frac{1}{4}$	6	19
deceased (mo	., day. yr.) Years	Months	Days	I If less than one day		Immediate cause of death			***************************************	DURATION
8. AGE:						***************************************		•••••		* 9
	62	10	28		mln.	cerebral h	emor cha	c:g		4 d & 3
9. Birthplace	Hage	erstown	, Mar	yland	10,00,000,0000000	Due to				***************************************
		Market	county, and	itate)		vascular	hyperte	nsion		3y re
1D. Usual occu	Mill Lanconson				,	Due to	•••••			•
11. Industry or		ity of				***************************************	************************			-
12. Name	Vac	hael R	andal]	<u> </u>		Other conditions				
13. Birthpla	ice HE	agersto	wn, Ma	aryland						
E		Wyoma	Susan	West		(Includs pr	egnancy within 3	months of death)		
14. Maiden 15. Birthpla	name	gersto	wy IIs	aryland	************	Major findings of operations	L		•••••	
≥ 15. Birthpla									ot op	
16. Informant	Mrs	. Char	Tes Ka	andall		Autopsy results				
Address	Hage	rstown	, Mary	yland		PHYSICIAN: Please underli				statistically.
47 Buri	al		Dala Abass	1-4-46		22. VIOLENCE: If death was	s due to external cau	uses, till in the fo	llowing;	
(Burial, cre	mation, or	removai. Which?)	(month) (day) (year)	Accident, suicide, or homicide				
Cemetery or	crematory	Rose H	ill Ce	emetery		Where did injury occur?	(City or town)	(Cou	nty)	(State)
Location Hagerstown, Maryland						Injured at home, farm, Indust				
18 Funeral dire	ector C	. M. S	uter 8	Sons		Meens of Injury		Injured	at work?	
Address E	lager	stown,	Mary]	Land		SV	21 -	1/200	1 ma	5
1	-		114	14%	4 4 4	23. SIGNATURE V	Lower	neu	A E	- Charles
//	.7	46	MORLE	MILARE	en		~	0	ш, Д.	

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The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ec

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00987

A.,				30	-
	Reg.	Dist.	No.		

			CERTII	FICAT	E OF DEATH		Reg. Dist. No	302
County Hage City or town Hage (If or How long in above place Hospital, institution, or Washingt How long in hospital or	rstown, utside city or town lin of death?	mary1 30 eath occurred: y Hos	JRAL and give nearest i	town)	2. USUAL RESIDENCE ((For newborn infants g State Maryland City or town Hag (If outside cit Street No. 111 Ran 2.(a) If veteran, name war	countries to write or town limits, adolph different, give I	write RURAL and give a	nearest town)
3. (a) FULL NAME	Mab		izabeth Re				3. (b) Social Securit	
Female	5. Color or race White		married, widowed, or divorce arried	ced	20. DATE OF DEATH		RTIFICATION	6 110 A
7. Birth daie of deceased (mo., day, yr 8. AGE: Years 55. 9. Birthplace	November 2 thsburg. Housew	r 28, Days 2 Mary ounty, and st	1t alive, give age	years min.	and that I last saw h	1 19.4 lve on 9.4	16 10 Jan	3 0 19 4 6 19 4 6
12. Name Sam	nuel L. R Smithsbur	g. Ma	ryland		Dther conditions(Include pregr	nancy within 3 mo	onths of death)	stetis
	nithsburgarles R. gerstown,		2-2-46		Antopsy results PMYSICIAN: Please underline 22. VIOLENCE: If death was di Accident, suicide, or homicide	the cause to which	es, till in the following;	
Cemetery or cremator	, Rest Ha erstown.	Maryl	emeter y and	(year)	Where did injury occur? Injured at home, tarm, industry, Moans of injury	(City or town)	(County)	(State)
Address Hage	erstown,	Maryl	and est Bowe	N. Registrar	23. SIGNATURE 5 Address 4aae	HBi	ukley M. I	n.D. or other 2/1/4

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DI LCE OF DELTH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

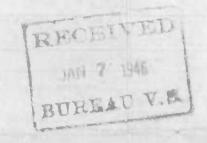
2 HOURT DECIDENCE (LICAME) OF DECEASED.

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2411	N.	Charles	St.,	Balti	more	1940
CERTI	FI	CATI	E	OF	DE	ATH

30 Reg. Dist. No.

County			State. Haryland. county. Ashington City or town. Haserstown (If outside city or town ilmits, write RURAL and give nearest town) Street No. (If roral, give LOCATION)	
3. (a) FULL NAM		Edward Reed	3. (b) Social Security Number 214-09-0161	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Married	20. DATE OF DEATH. 32 19 4 6 at 5:36	OP
	d or wife Myrl		21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	He.
8. AGE: Yea 6	2 6	Days If less than one day 11	Coronary occlusion 1/21	45
10. Usual occupation 11. Industry or busin 12. Name	Lumber D Signature M Silliam W. Wash. Co.	ealer illwork Company Reed Md. nnelly	Due to	
16. Informant	Mrs. Mark		Autopsy results	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17Buria (Burial, crematic Cemetery or crema Location Hag 1B. Funeral director	on, or removal. Which?) Atory Rest H gerstown, C. M. Su	Date thereof 1-5-46 (month) (day) (year) aven Cemetery Maryland ter & Sons	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Λ	4 1946	Maryland Registrar	23. SIGNATURE M. D. or other M. D. o	16



MARYLAND STATE DEPARTMENT OF HEALTH

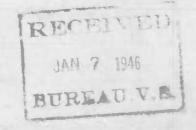
2411 N. Charles St., Baltimore 83-04

CERTIFICATE OF DEATH

相法	8	111	19	8	9	
217	Reg.	Dist.	No.		30	2

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Washington		
City or town Hagerstown, Maryland	State County		
City or town	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. Ravenwood Heights, Md.		
Ravenwood Heights, Md.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Alice Beverly Rench	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE DF DEATH		
Tomato Willow Dingto			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlanded deceased from		
7. Birth dale of Onthe December 20 70 70 70 70 70 70 70 70 70 70 70 70 70	and that I last saw has alive on		
7. Birth dale ot deceased (mo., day, yr.) October 30, 1876			
8. AGE: Years Months Days If less than one day	Immediate cause of death al fram rolege 4-5		
69 2 2hrsmin.	114		
9. Birthplace Bolling Hall, Virginia (Town, county, and state)	Due to. Ortorio - Aclaros /		
10. Usual occupation Housework	1		
10. Usual occupation	Due to		
11. Industry or business			
Benjamin P. Rench 11. Name Benjamin P. Rench 13. Birthplace Washington County	Diher condillons		
	(Include pregnancy within 3 months of death)		
14. Maiden name Laura Blackford	Major findings of operations		
15. Birthplace Terry 1111, Wash. Co. Inc.	Bate of op.		
16. Informant Robert Rench	Antonay results		
Address Ravenwood Heights, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
3 7 A C	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial (Burial, cremation, or removal. Which?) Date thereot 1-3-46 (month) (day) (year)	Accident, euicide, or homicide		
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?		
Localion Hagerstown, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director C. M. Suter & Sons	Means of injury injured at work?		
18. Funeral director.	1. Vin Olleillan Marian Maria		
Address Hagerstown, Maryland			
19 Jan 3 19 46 Plast Boccess Registrar	23. SIGNATURE M. D. or other M. D. or other M. D. or other		
Date rec'd by registrar) Registrar	Address Date signed 2 774		

DR. VICTOR D. MILLER



MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore
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2411 N. Charles St., Baltimore & CERTIFICATE OF DEATH

		Aog. 200. 100		
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Overt1		state Maryland county Washington		
City or town Hagers town (If outside city or town limits, write RURAL T Wask	and give nearest town)	Haorerstown		
How long in above place of death?	***************************************	City or town (If outside city or town limits, write RURAL and give nearest town)		
Wash. Co. Hospital	***************************************	Street No. 1739 Virginia Ave. (If rural, give LOCATION)		
How long in hospital or institution? I Week	***************************************	2.(a) If veteran, name war. None		
3. (a) FULL NAME		3. (b) Social Security Number		
Mrs Annie Ellen Renner		None		
4. Sex 5. Color or race 6.(a) Single, marrie	led, widowed, or divorced	MEDICAL CERTIFICATION		
F W Marr	ried	20. DATE DF DEATH I/14/46 19 46, at 4 M		
6.(b) Name of husband or wife. John B.		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	ve. give age 72	19. 4, le to 19. 4, le 19. 4 l		
7. Birth date of deceased (mo., day, yr.) January 25 I87		and thet I last saw h		
and the second s	less than one day	Immediate cause of death. Cerbinal Hemorrhand 1/7/44		
7I II I9	hrsmin.	1114/11		
9. Birtholack yersville Fredrick	Co. Md.	Pueto allerioseloroses 3		
(Town, county, and state)		300 100		
1D. Usual occupation. House Wife		Due to		
11. Industry or business Own Home				
E 12. Name Peter O. Warrenfel 31. Birthplace Wolfesville Md.	.tz	Dither conditions		
₹ 13. Birthplace Wolfesville Md.		(Include pregnancy within 3 months of death)		
置 14. Malden name Susan Summers	***************************************	Major findings of operations.		
15. Birthplace Wolfesville Md.		major indings of operations		
14. Maiden name. Susan Summers 15. Birthplace Wolfesville Md. 16. Intermant. John B. Renner		Antopsy resnits.		
Address Hagerstown Md.		PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	177/16	22. VIOLENCE: It death was due to external causes, till in the following:		
	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory St. Pauls Ceme	tery	Where did injury occur?		
Location Near Clearspring Md		Injured at home, farm, industry, public place (where?)		
18. Funeral director. Andrew K. Coffn	nan	Means of Injury Injured at work?		
Address, Hagerstown Md.		Ho Kinterfield M 10		
10 Jame 15: 1946 Char	HBaccorn!	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar)	Registrar	Address 136 W Washington Date signed 1/15 74		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

 Supply

UNFADING INK. Supr ant. Physicians: please

important.

is especially PLAINLY,

ly every item of information carefully. The correct age write the causes of death clearly and legibly.

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0-

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TFR	TI	FIC	'A'	TE (OF	DEA	TH
					OI.		

	Neg. Diat. No
2. USUAL RESIDENCE (HOME (For newborn infanta give realdence	OF DECEASED:
state Maryland	county Washington
City or town Funks town	mita, write RURAL and giva nearest town)
Street No	
(If rural,	give LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number 214-09-6728

County Washing	ton	(For newborn intanta give readence of mother)
City or town Funkstown (If outside city or town limit	its, write RURAL and give nearest town)	state Maryland county Washing
How long in above place of death?	***************************************	Street No.
How long in hospital or institution?		2.(a) If veteran, name war
2 (a) EIIII NAME		
Harry	B. Reynold	3. (b) Social Sec 214-09-
4. Sex Male S. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 14, 194619.
	L. Heynold 6.(c) If alive, give age ye	21. I CERTIFY that death occurred on the date above stated; that i attend
8. AGE: 53 Months 4	Days If less than one dayhrs	Correbal appleases
12. Hame John H. Re 12. Hame John H. Re 13. Birthplace Fredk. C 14. Malden name Anna N. 15. Birthplace Montgome 16. Informant Mrs. Edna L Address Funkstown, 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Location Magers 5 Te	eaver n Ribbon Co. ynold o., Md. Holliday ry Co., Md. Reynold Md. Date thereof Jan. J. 1944 (month) (day) (year) L. Cemetery Raiss , Md.	Other conditions (Inguide pregnancy within 3 months of death) Major findings of operations Date of op Autopsy results PHYSICIAN: Please underline the cause to which death should be c 22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide. Date o Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury Injured at wor

MEDICAL CERTIFICATION 14. 1946₁₉ 12:30 P. M **OURATION** (Include pregnancy within 3 months of death) ICIAN: Please underline the cause to which death should be charged statistically.

injured at work?

(Stete)

M. D. or other

PLEASE

JAN 18 1946 BUREAU V.S. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 199

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CERTIFICATE OF DEATH

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH: County City or tawn (If outside city of town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Stay in hospital or tasf. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mayland County Washington City or town (If outside city or tewn limits, write RURAL NEAR and give town) Street No. (If rural give ECCATION) 2(a) IF VETERAN, NAME WAR
3. (a) FULL NAME Vonda Mal Rey	nold 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single-merriad, widowed, or divasced Female White	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 4 1, at 9.20 m
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to
8. AGE: Years on the Days If less than one day	Immediate cause of death OURATION The work of the second
9. Birthplace (Town, county, and state) 10. Usual occupation	Oue to
11. Industry or business 12. Name John Shaff 13. Birthplace Frederick 60. Md	Other conditions
14. Maiden name Wingil Reynold 15. Birthplace Washington be, Md	(Include pregnancy within 3 months of death) Major findings: Of operations Please underline fine cause to which death should be
16. Informant folia shaft Address Middletown, Md.	Of autopsy cally.
17. Burial Date thereof (month) (day) (year) Sample Manae	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Sample Manor	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director le M. Luler 4 Sons Address Hagerstown md	Means of Injury Injured at work?
19. Jan 13 1946 Chast Bows H	23. SIGNATURE M. D. or other Address Oate signed

JAN 15 1946
BUREAU V.S.

BELASI TURSO STURIO HISTORIA

VS A15

NARYLAND STATE DEPARTMENT OF HEALTH

01993

			.20	7
eg.	Dist.	No.	20	-

CERTIFICA	TE OF DEATH Reg. Dist. No. 36 2
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Marvland. County. Washington Hagerstown (If outside city or town limits, write RURAL and give nearest town) 467 McDowell Avenue (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social Security Number
Allie StahllRice	
4. Sex 5. Color or race 6.(n)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.46, at 1 A N
8.(b) Name of husband or wife John E. Rice 5.(c) It alive, give age 71 7. Birth date of deceased (mo., day, yr.) August 15, 1872 8. AGE: Years Months Days It less than one day 73 4 20 hrs. min. 9. Birthplace Washington County, Maryland (Town. county, and state) 10. Usuat occupation Housewife	21. I CERTIFY that weath occurred on the date above stated: that I attended deceased from 19. 4
11. Industry or business 12. Name Daniel Stahl 13. Birthplace Washington County, Maryland 14. Maiden name Martha Benner 15. Birthplace Washington County, Maryland	Diher conditions Tealund of January 3 and Occidental fall down a staining Cuta (Include pregnancy within 3 months of Teath) Major findings of operations
John E. Rice Address Hagerstown, Maryland	Antopsy results. PHYSICIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide. Accidents. Date of Occanilla, 1985.
17. Burial (Burial, cremation, or removal, Which) Cemetery or crematory. Salem Reformed Cemetery Location. Registrar 18. Funeral director. C. M. Suter & Sons Address Hagerstown, Maryland 19. 4. 6 Constant	Where did injury occur?



2411 N. Charles St., Battimore 51-61/4

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infapts give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, maxid, widowed, or divorced Male White Marriel 6.(b) Name of Action wife.	2D. DATE OF DEATH 19 10 at 19 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Clusta, Andy. S.(c) It alive, give age	and that I last saw h alive on 19.2 19.7 10. Immediate cause of death DURATION
8. AGE: Years Months Days If tess than one day 20	Garcinom fosts 4 dag
9. Birthplace	Due to
14. Malden name Dant, Kurs. 15. Birthplace 16. Informant Lalin, Rudy.	(Include pregnancy within 3 months of death) Major findings of operations
Address Hagustowil and	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Barlai, crementon, or removal, Which?) Cemetery or account of the control o	Accident, suicide, or homicide
Location Issight Lung thus Go will	Injured at home, farm, lodustry, public place (where?)
Address Suite June 1990	23. SIGNATURE 9 6 14 of lev
19 Jan 28 1946 Stor We Tanguage (Date rec'd by registrar) (Date rec'd by registrar)	Address Du G Date signed 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

()(1995) Reg. Dist. No.

Date signed

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
County Washington	State Maryland County Washington
City or town. Rural Mear Sharpsburg. Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 years Hospital, institution, or street address where death occurred: Near Sharpsburg. Maryland	County City or town Rural, near Sharpsburg, Md. (If outside city or town limits, write RURAL and give nearest town) Sharpsburg, Pike Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Nettie R. Sener	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	2D. DATE OF DEATH JAM 19.46 at F.7. M
6.(b) Name of husband or wife Frederick L. Sener 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) October 31, 1862	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from 19.4 5.
8. AGE: Years Months Days It less than one day	Immediate cause of death, DURATION
83 2 10hrsmin.	Luce about
9. Birthplece Chewsville, Wash. Co. Md. (Town, county, and state) 10. Usual occupation Housework 11. Industry or business 12. Name Henry B. Rinehart	Bue to American Fabrullation 1 year Bue to Arma Improardition 1 Other conditions
12. Name Henry B. Rinehart 13. Birthplace Chewsville, Maryland	
14. Malden name Ellen Beard 15. Birthplace Chewsville, Maryland	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Annette M. Remsburg Address Sharpsburg, Maryland	Autopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically.
17. Burial Bate thereot 1-13-46 (Burial, cremation, or removal. Which?) Cemelery or crematory. Bate thereot 1-13-46 (month) (day) (year) Cemelery or crematory.	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director William H. Downey	Monne of injury Injured at work?
Address Hagerstown, Maryland	23. SIGNATURE Walter H Skealy M.D.
Dauld 46 Peg Dogen	23. SIGNATURE M. D. or other

Registrar Address On

FEB 7 1946 BUREAU

9-48-18

VS A15

Dr. AL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-0)

CERTIFICATE OF DEATH

01336: Reg. Diat. No. 302

1. PLACE OF, DEATH,	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washington	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Madhington
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 550 N. Mullerty St.
Wash Co: Idospital	(If rural, give LOCATION)
How long In hospital or Institution? 2 day.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Emma Florence	Shifler None
4. Sax 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
) rual White Underwed	20. DATE OF DEATH Jamesy 4 19 45 at //. 50 E
ARUA I Shiller	21. I CERTIFY that leach occurred on the case above afated; that I attended deceased from
6.(b) Name of husband or wife	January 2 1946 10 January 4 1946
7. Birth date of	anthat I last saw her alive on services 4 19 46
deceased (mo., day, yr.) lugus. 31, 1860	Immediate cause of death
8. AGE: Years Month Days If less than one day	B. A. Premouse 2 day
85 4 3 hrsmin.	Vacantio V.
9. Birthplace Mars Agustona Wash. Co. Md.	Due to Arterio - selevoses 10 yrs
10. Usual occupation	Chronic interstitial nephritis, 8 years.
	Due to Marila
11. Industry or business	
E	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations
\$ 15. Birthplace Wash. Co. md.	Date of op.
16. Informant Robert J. Skilles	Autopsy results
Address Boarstono md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
17 Burial Date thereof Janua , 8, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burfal, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Made 1000 Country	Where did injury occur?
Location Hagerstone md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. CITU & Bat & Sous	Meana of Injury Injured af work?
Q I I mad	MINTILL DAY A
Address Strandon VI d'	23, SIGNATURE M. D. or, etiver
19 Augustus 1946 Phase Source	130 m - 4
(Date rec'd by registrar) Registrar	Addresa Date algned Bate algned B. 46.

JAN 10 1946 BUREAU V.E.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore %

00997

CERTIFICATE OF DEATH

302 Reg. Dist. No.

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	State Maryland county Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death? life Res. Hospilal, institution, or street address where death occurred: 164 N. Jona bhan Street	(If outside eity or town limits, write RURAL and give nearest town) Street No. 164 N. Jonathan St. (If rural, give LOCATION)			
How long In hospital or institution?	2.(a) If veteran, name war			
3.(a) FULL NAME Isiah Show	3. (b) Social Security Number			
4. Sex White 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 2D. DATE DF DEATH. Jan. 13, 1946, 11;30 P.			
6.(6) Name of husband or wife. Effice I. Show	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from			
7. Birth date of deceased (mo., day, yr.) April 24, 1887	and that I last saw h			
8. AGE: Years Months Days If less than one day 21hrsmln.	Ruptured aortic aneurysn			
9. Birthplace Washington County, Md. (Town, county, and state)	Due to			
1D. Usual occupation	Due to.			
12. Name	Other conditions			
14. Malden name Missouri Turner 15. Birthplace Wash. Co., Md.	(Include pregnancy within 3 months of death) Major findings of operations			
16. Informant Garvin Show Address 57 W. Franklin St Hagerstown	Antopsy results. Antopsy resu			
Burial (Burial, cremation, or removal, Which?) Baie thereof Jan. 16-46 (month) (day) (year)	22, VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
Cemetery or crematory Manor Cemetery Near Tilghmanton, Md.	Where did injury occur?			
18. Funeral director. Fred W. Kraiss	Means of injury Injured at work?			
Address Hagerstown, Md.	23. SIGNATURE Robert Wells WASH. CO., MD.			
19. Jan 16 19 46 Christ Down	Address Lagrantesung Ord Date signed Address			

JAN 18 1946 . BULLEAU V.S. 2411 N. Charles St., Baltimore 94-2

CERTIFICATE OF DEATH

			30	5
Reg.	Dist.	No.		

00.998/89

				Reg. Dist. No
1. PLACE OF DEATH: County Washington County City or town Hagerstown Md. (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Washington
	of death?	**************		City or town
Washing	ton Cour	aty Ho	spital	Street No. Williams port Md. (If rural, give LOCATION)
How long in hospital or	institution?	Q WU	W	2.(a) If veteran, name war
3. (a) FULL NAME	Maud Sh	rader		3. (b) Social Security Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	N	arried	2D. DATE DF DEATH 19 19 19 19
8.(b) Name of husband or wifeJohnShrader				1/
deceased (mo., day, y				Immediate cause of death
8. AGE: Years	Months	Days	If less than one day	Assure Veclusion Day
66	5	9	hrsmin	
11. Industry or business	Housewi Home	fe		Due to
	orge Bri lerchers		28.	
-41	Elizabe	th St	rattiff	(Include pregnancy within 8 months of death) Major findings of operations
≥ 15. Birthplace	merchers	ourg .	Pa.	Date of op.
10. tillolillatit	hn Shrad iamsport			Autopsy results
17Burial	or removal. Which?	Date there	Jan. 20 1946 (month) (day) (year)	
Cemetery or crematory Greenlawn Cemetery				Where did injury occur?
Williamsport, Md.				Injured at home, farm, Industry, public place (where?)
18. Funeral director Edith V Leaf				Means of Injury Injured at work?
Address		//	P . H.B 1	23. SIGNATURE (Taying t
19. Dato rec'd by reg	19. 1946	- Ch	A CHI THE REGISTRA	The Court of the Man or other fifther

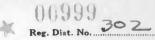
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

JAN 22 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /76

CERTIFICATE OF DEATH



1. PLACE OF DEATH: County Washington City or town Rural Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Cave town Pike Bridgeport	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Washington City or town Rural Smithburg R. D. 2 (If outside city or town limits, write RURAL and give nearest town) Street No. Chewsville Dist. (If rural, give LOCATION) 2.(a) If reteran, name war World War 11		
How long in hospital or institution?			
3.(a) FULL NAME CHARLES ELIAS SHUMAKE	3. (b) Social Security Number 212-24-5754		
Male S. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 4, 1946, 1:50P		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
8. AGE: Years Months Days If less than one day	Fractured left head of humerus		
9. Birthplace Washington County, Md. (Town, county, and state) 10. Usual occupation Concrete Worker 11. Industry or business John W. Shumaker	orushed upper left chest with be to hemorrhage & shock		
13. Birthplace Frederick County, Md.	Other conditions (Include pregnancy within 3 months of death)		
14. Maiden name. Nina Harshman 15. Birthplace Frederick County, Md. 16. Informant John H. Shumaker Address Smithburg, Md. R D 2	Major findings of operations		
Burial Date thereof Jan. 7, 1946 (Burial, cremation, or removal. Which?) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Maryland 18. Funeral director Fred W. Kraiss	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or well (County) (State) Injured at home, farm, industry, public place (where?) Means of injury The property of the following: Means of injury The property of the following: Accident, suicide, or homicide. (City or well (County) (State) (County) (State) (County) (State) Injured at work?		
Address Hagerstown, Md. 18 Hagerstown, Md. 18 Hagerstown, Md. (Date rec'd by registrar) Registrar	23. SIGNATURE Refues Wash, CO., MD. M. D. goodson Address. Date signed 155/5/6		

JAN 9 1946 BUREAU VE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

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	Dist.		7	0	71
Pag	Dist	No	1	U	1

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Washington City or town Hagerstown R ural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? life resident				state Maryland c	ounty Washington	
City or town						
How long in above place of	death?	ife r	e siden t	City or town Rural Hager (If outside city or town limit		
Hospital, tostitution, or so	Dist.	death occurred:			Dist.	
***************************************		•••••				
How long in hospital or in	nstitution?			2.(a) if veteran, name war		
3. (a) FULL NAME	Aı	nnie B	. Souders		3. (b) Social Security Number None	
	5. Color or race		, married, widowed, or divorced	MEDICAL (CERTIFICATION	
Female	White	Ma	rried	20 DAYE DE DEATH Jana 13.	1946 19 at /2 m	
	Tol	an (1	Condona	21. I CERTIFY that death occurred on the date a		
B.(b) Name of husband or	wife	111 0.	Souders	Die 15	45 10 1 cm/3 1946	
T. Birth date of		6.(c) If alive, give ageyears	and that I fast saw halive on2.5	//	
deceased (mo., day, yr.)	Ju.	Ly 4,	1010	Immediate cause of death	DURATION	
8. AGE: Years	Months 6	Days 9	If less than one day	acute coroney The	sombosis	
			hrsmln.		<i>f</i>	
9. BirthplaceVi	rginia			Oue to Cente graf cate	· lenkman 3 m.	
10. Usual occupation	Home Da	county, and s	cate)	Che intefrited	mybeudt	
10. Usual occupation	1101116121	1.6.1.5		Oue to		
11. Industry or business		~ ·	. 3			
H			th	Other conditions		
100		ginia		(Include pregnancy with h	3 months of death)	
14. Maiden name	Amanda	a Smit	h	Major findings of operations.	Resald.	
15. Birthplace	Vir	ginia		major madings of operations.	/	
16. Informant	ohn C. S	Souder	3			
	rstown.	Md. R	D Cearfoss	PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
				22. VIOLENCE: If death was due to external c	auses, fill in the following;	
(Burial cremation of	or removal. Which?	Date there	of Jan. 15, 194 (month) (day) (year)	Accident, suicide, or homicide	Date of	
			n Cemetery	Where did injury occur?(City or town) (County) (State)	
			d •	Injured at home, farm, industry, public place	(where?)	
18. Funeral director. Fred W. Kraiss				Means of injury	Injured at work?	
	gerstown			11/5 0/50	lut	
Λ .	-		Galles	23. SIGNATURE	M. D. or other	
19. Date rec'd by regi	5 19 4 6 strar)	¥	Registrar	Address Gellucartle	Or Date signed Jan 14 00	

JAN 17 1945 BURLLAU VS. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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- Are				1 4 4 7	-	
	Reg.	Diat.	No.	3	0	21

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)		
Tenkatama Marriand	State Maryland county Washington		
City or town Funkstown Maryland (If butside city or town limits, write RURAL and give nearest town)	Funkstown		
How long in above place of death? 50 years	City or town. (If outside city or town limits, write RURAL and give nearest town) Main Street		
Hospitat, Institution, or street address where death occurred:	Sireet No. Main Street		
Main Street, Funkstown, Maryland	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
B. Frank Sowers	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DE DEATH Same 3/ 19.46 at 9. A . N		
8.(b) Name of husband or wife Elizabeth Nickle Sowers	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from		
68	Jan 26 1946 10 Jan 31 1946		
7. Sirlh date of Page 20 1967	and that I last saw h and alive on Jan 131 1946		
deceased (mo., day, yr.) December 29, 1001	Immediate cause of death		
8. AGE: Years Montha Days It less than one day	alesto myocardial tarlere 5 days		
84 1 2hrsmin.			
Clearanring Wash. Co. Md.	man Char musocardeles 10 reso		
9. 8irthpiace Clearspring, Wash. Co. Md. (Town, county, end state)	Cardial Hypertroply 10tino		
10. Usual occupation Retired Farmer			
11. Industry or busineaa	Due to.		
11. Name. Samuel Sowers	and the second second		
	Other condition		
2 13. Birthplace Clearspring, Maryland	(Include pregnancy within 8 months of death)		
14. Maiden name Sallie Kreps	Major findings of operations.		
15. 8 ortholace Clearspring, Maryland	major indulage of operations. Date of on		
16. Informant George Sowers			
Hamamatawn Marriand	Antopsy results		
7.00	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial Date thereof (month) (day) (yeer)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) Cemetery or crematory Rest Haven Cemetery			
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)		
Location Hagerstown, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Lewis F. Reecher	Means of Injury Injured at work?		
Addresa Funkstown, Maryland	151Bendles Sea 12		
19. Feb. 1, 1, 46 Chartheowers	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registrar	Address Taliers own ma Date signed		

REMEMBER TEB 3 1946 . BUREAU V.B. delived , and an exercise and

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()1()()2 Reg. Dist. No. 302

1. PLACE OF DEATH: Washington				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)		
County,					. Washington	
City or town Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town)				State, Maryland Washington City or town Hagerstown Washington		
			rs	City or town (If outside city or town limit	s, write RURAL and give nearest town)	
Hospital, Institution,	or street address where St Washir	death occurred:	Street	Street No. 1025 West Was	shington Street	
TUZO WE	So Mashin	18 0011	307.000	(If rural, give	e LOCATION)	
How long in hospital	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM	AE .				3. (b) Social Security Number	
	Maj	cy J.	Startzman			
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White		dow	2D. DATE OF DEATH Jan 6	18.46 at 2:45 P. M	
6 (h) Name of huchan	der wife Char	Les A.	Startzman	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceaced from	
) If alive, give ageyears	nov 13 19	44, 10 Jan 6 19 46	
7 Divib date of				and that I last saw h	22 6 19 4 k	
8. AGE: Yea	yr.) Januar;	Days	If less than one day	Immediate cause of death		
6. AGE: 60		19	hrsmin.	Cascinoma S	ignoral 1944	
9. BirthplaceWE	ynesboro	Pa.	tate)	Due to		
	RODSEM	ork	Latery .			
1D. Usual occupation		**************		Due to		
11. Industry or busin	eremiah C	olling				
H	Washingt	OTT III	<u>C</u> .	Dther conditions		
				(Include pregnancy within 3	months of death)	
14. Malden nam	Jennie	ROCK			iroma Signicial	
15. Birthplace	Waynesb	oro, E	a.	major madings of operations.	Date of op Dec 10 1944	
16. Informant	Jennie Waynesb Charles J	. Star	tzman	Autopsy results.		
101 11110111111111111111111111111111111	gerstown,			PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.	
			1_8_46	22. VIOLENCE: If death was due to external ca	uses, fill in the following;	
17. Burial (Burial, cremation, or removal, Which?) Date thereof. 1-8-46 (month) (day) (year)				Accident, suicide, or homicide	Date of	
Cemetery or crema	Rose H	ill Ce	emetery	Where did injury occur?(City or town)	(County) (State)	
Hagerstown, Maryland				Injured at home, farm, Industry, public place (v		
18. Funeral director	C. M. Su	ter &	Sons	Meens of Injury	Injured at work?	
Address	Hagerst	own, 1	Maryland	Afforte	ifield M.D.	
" Jan	7 19 46	16%	ast Bowers,	23. SIGNATURE.	M. D. or other	
19. Date rec'd by	registrar)	···· f······	Registrar	Address / SE W W Con	Date signed	

RECEIVED

V. S. No. 1

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B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	
	County NAShiroton	Registration Dist. No. 30 2
	Village or City /Ja o Ers town	ND 634 N. Jotomac. St. 4 Ward
	Length of residence in city or town where death occurred 5 yrs mos.	death occurred in a holpital or institution, give its NAME instead of street and number)
	Line Pak	Trout
-	(2) A D	
	(a) Residence: No. 4 2 4 / / TO TO MAC. (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State
and the same	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 9	Fem. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH (Month) (Dev) (Veer)
58.	If merried, widowed, or divorced HUSBAND of (or) WIFE of Boyd C. Trout - deceased	22. I HEREBY CERTIFY, Thet I attended deceesed from
	F/ 18/	Musery 3, 1946, to January 6, 1946
	OATE OF BIRTH (month, day, and yeer) Pur. 22, 1860	is ast saw h. end aliva on
7. /	/ 1 deyhrs.	to heve occurred on the dete stated above, et
	8. Trade, profession, or perticular	were es follows:
O	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Tracture correcal vertabras 1-3-46
OCCUPATION	9. Industry or business in which	Marine Lenvies printers 7-3-46
S	work was done, es SILK MILL, SAW MILL, BANK, etc	
8	10. Data deceesed last worked at this occupation (month and yeer)	
'	h/ occupation	Other Contributory Causes of importence:
12.	BIRTHPLACE (city or town) // DOWN DWG (Steto or country)	Prliteral paralyses from 1-3-44
2	O. 11 Ni alli	much planta.
FATHER	A Property of the second	Sineral prtehis delerois
FAI	14. BIRTHPLACE (city or town) - I (Stete or country) Trank Les (D. 19.	Name of operation
02	15. MAIDEN NAME Rebecca Texturiles	What test confirmed diagnosis? Was there en eutopsy
MOTHER	13. MAIDEN NAME / WOLCE SET WILLS	23. If death was dua to extarnel causes (VIOL ENCE) fill in elso the following:
MO MO	16. BIRTHPLACE (city or town) 7 (Steta or country) Frank In Co. 14.	Accident, suicide, or homicide? Dete of injury
	he a defendance	Whera did injury occur? A Capacity city or town, county and State)
17.	(Address) 63 4 N. Pot bure St. to see Amore	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL FRIENDE CENT.	Manner of Injury Pall down stayed
	Plece Mercersburg, Pa. Date Jan. 8, 1946	Neture of injury Orastury correct vertibes
10	AN Living	24. Was disease or injury in any way related to occupetion of deceased?
19.	(Addiess) Mureershara lenna.	11-su speetly active supplies here Exam
20.	FILED Haw, Co., 1946 Chast & Bowers	(Signed) A Delle Washie
1	Registrar.	(Address) NA Challes Blinds
	a, more blanks are needed, daaress slate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy R R	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		1 1945		
		IRTITLE INTERPRETATION		
Other contributory causes of importance:	6 (a) (f)	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1		1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

01004

0.1		300
Reg.	Dist.	No.

	2411 N. Charles St., Baltimore 940
CER	TIFICATE OF DEATH Reg. Dist. No. 30
I. PLACE OF DEATH: Washington County Hagerstown City or town (If outside city or town limits, write RURAL and give no How long in above place of death?	(If outside city or town limits, write RURAL and give nearest tow 24 Suter's Avenue
How long In hospital or Institution?	
2 (a) CULL NAME	rner 3. (b) Social Security Number None
4. Sex 5. Color or race B.(a) Single, married, widowed, White Widow	or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. Jan. 13, 1946 10:10.4.
6.(b) Name of husband or wife Hollie Turner 6.(c) If alive, give age. 7. Birth date of deceased (mo., day, yr.) January 7, 1894	years 21. I DERTIFY that death occurred on the date above stated; that tattended deceased from 15
8. AGE: Years Months Days If less than one 51 0 6 hrs.	
9. Birthplace Wash Co Md (Town, county, and state) 10. Usual occupation Home Duties	Due to.
11. Industry or business 12. Name	Other conditions
14. Malden name. Sarah Hines 15. Birthplace Wash. Co., Md.	Major findings of operations. Date of op
Address HAGERSTOWN, MD.	PHYSICIAN: Please underline the cause to which death should be charged statistics
17 Burial Date thereof Jan. (Burial, cremation, or removal. Which?) Genetery or crematory. Greenlawn Cemeter	(day) (year) Accident, suicide, or homicide
Williamsport, Md. Location Fred W. Kraiss	Injured at home, farm, Industry, public place (where?)
Address Hagerstown, Md. 19. Jace rec'd by registrar)	22 SIGNATURE WWW WWW WALL WAS A SIGNATURE WWW.

MARGIN RESERVED FOR BINDING

9-45-1

VS A15

WRITE

PLEASE

VS A15

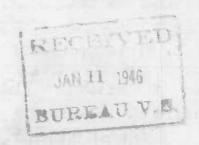
DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-00

CERTIFICATE OF DEATH

County Washington City or town Hagers town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 80 years Hospital, institution, or street address where death occurred: 135 North Potomac Street How long in hospital or institution?			State Maryland County Shington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 135 N. Potomac Street (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAM	L.	Viola Updegraff	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Widow	20. DATE OF DEATH. January 7, 1946 19. 6:15	P.
8.(b) Name of husband 7. Birth date of deceased (mo., day,)	Me mo	d M. Updegraff 6.6) If alive, give age years h 18, 1865	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.5., to 19.5 and that I last saw h. 5.7. alive on 19.5 Immediate cause of death.	15
8. AGE: Years	9	20 It less than one day	Cardio - Vascular - Reval Disanss	
10. Usual occupation 11. Industry or busines 12. Name	Home Dustry S. Early S. Early S. Early C. Sarah C. Wash. Co	vey Md. Hoffman Md.	Due to Separation Ends candilis 5 4. Due to Dethreton 20 4. Dither condillons Described 20 4. (Include pregnancy within 3 months of death) Major findings of operations. Date of op.	4.5
16. Intermant Ge	orge W. gerstown	Updegraff	Autopsy results	
17. Burial (Burial, cremation Cemetery or cremate	Hagert Fred W.	Date thereof Jan. 9, 194 (month) (day) (year) ill Cemetery own, Md. Kraiss own, Md.	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	
19. Vate rec'd hy re) gistrar) 19.4.6	Chast Jower		8/



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore & Sall CERTIFICATE OF DEATH supplied. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants-give residence of mother) pe (If outside city or town limits, write RURAL NEAR and give town) information should carefully of death clearly and legibly. Street address, hospital, or institution: (If outside city or town limits, write RURAL NEAR and give town) (If rural give LOCATION) Stay in hospital or Inst. (yrs., or mos., or days) 2(a) IF VETERAN, NAME WAR Stay in this community (yrs., or mos., or days) ___ 3. (a) FULL NAME 3. (b) Social Security Number WILLIAMS MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 13 1946 at 10:40 Am 6 (b) Name of husband or wife 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Every item of i _6(c) If alive, give age_____years 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death 8. AGE: Months UNFADING INK. .. Physicians: please (Town, county, and state) 10. Usual occupation 11. Industry or business 14. Maiden na 15. Birthplace (Include pregnancy within 3 months of death) PLAINLY, WITH tespecially important. PHYSICIAN Major findings: the cause to which death should be charged statisti-22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof. (month) (day) (year) Accident, suicide, or homicide -----WRITE I Where did injury occur? (County) (City or town) (State) correct age tnjured at home, farm, industry, public place (where?) __ Means of Injury Injured at work? 18. Funerat director ASE VS A15 Address Registrar

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BUREAU V.S

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 156-a)

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: County Washington				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Rural, Hagerstown, Maryland City or town Uf outside city or town limits, write RURAL and give nearest town			n. Maryland	State Maryland County Washington			
City or town. Rural, Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 years Hospital, institution, or street address where death occurred: Hagerstown, Route #3, Maryland			S	City or town Rural, Hagerstown, Md. (If outside city or town limits, write RURAL and give nearest town) Mt. Aetna Road Street No.			
Hagerstov	m, Rout	e Fo,	Mat, Land		(if rural, give LOCATION)		
How tong in hospital or in	stitution?			2.(a) If veteran, name war			
3. (a) FULL NAME	Hanni	e C.			3.(b) Social Security N	umber	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Female	Temale White Widow			20. DATE OF DEATH January 9, 1	946 19	at M	
6.(b) Name of husband or				21. I CERTIFY that death occurred on the date above Nov. 14, 1945			
) If alive, give ageyears	and that I tast saw h er alive on Ja	nuary 9, 1946	19	
deceased (mo., day, yr.)						DURATION	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	onia	4 days	
86	5	8 Count	hrs. min.	Terminal preumonial & de	wration, 4. days.	ρ	
9. Birthplace Washington County, Maryland (Town, county, and state)			tate)	Due to	AN AR.	***************************************	
10. Usual occupation	Housewo	ork		Puede	***************************************	************************	
11. Industry or business				Duc iu		******	
当 12. Name	John Emr	nert		Dther conditions Acute arthritis Indef			
12. Name	ashingto	n Cou					
14. Maiden name Ann Russell 15. Birthpiace Washington County 16. informant Roy Keller				(Include pregnancy within 3 months of death) Major fiadings of operations			
15. Birthpiace	Washing	rton 0	ounty	Major hadings of operations			
16. informant Roy	Keller			Autopsy results.			
4-9	d	Tido so	Tand Pt 12'4	PHYSICIAN: Please underline the cause to whi			
Address Fag	GIBOOMII	, 1100	7 77 46	22, VIOLENCE: If death was due to external caus	ses, fill in the following:		
17 Burial (Burial, cremation, o		Date there	(month) (day) (voo.)	Accident, suicide, or homicide			
Rose Hill Cemetery			metery	Where did Injury occur?(City or town)			
Address Hagerstown, Harvland, 10. 45 17 Burial Date thereof (Month) (day) (year) Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Marvland			ral and				
Location Hagerstown, Maryland 18. Funeral director. C. M. Suter & Sons			c Cond	Injured at home, farm, industry, public place (who		000400000000000000000000000000000000000	
18. Funeral director	C. M. S	uter	8: SONS	Means of Injury	Injured at work?		
Address Hage				23. SIGNATURE (SY SILE	energy.	, jug .	
19. Jan. /	(19.46 trar)	-6h	ast Course	340 W Washington	M. P. of		

JAN 14 1946 BURLAU V.B.